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EDITORIAL.

THE DOWNEY TUBERCULOSIS BILL.

Mr. J. P. Downey, M.P.P. for Wellington, introduced again his bill calling for the reporting of cases of tuberculosis. The bill was supported by Mr. D. J. McDougall, of East Ottawa, and Mr. R. R. Gamey, of Manitoulin. Hon. A. G. MacKay added his endorsement of the measure. He thought the government should appoint a commission of experts who could bring in a report. He said the bill was a perennial one, but it had justified its existence. Dr. Forbes Godfrey said that the government would be wisely advised if they directed an investigation prior to adopting any statutory enactment. Sir James Whitney said the government were unable to see any advantage in the proposals outlined.

The Globe in an editorial note remarked thus:—

“The annual discussion on Mr. Downey’s bill to lessen the spread of tuberculosis has shown a growing interest in the subject and an eagerness to adopt all known preventive measures. The government is unusually tardy in this regard. There is a strong feeling in favor of more effective means of preventing contagion, and this will soon force practical action.”

With this we concur. We have on many an occasion urged the advisability of reporting cases of tuberculosis. It is one of the most terrible of all known infectious diseases. By knowing the whereabouts of infected persons much might be accomplished to check the spread of the disease.

So far as Canada is concerned there are at least 50,000 persons always ill with the disease. One-half of these are practically unfit for work, and are maintained at an immense cost by those who are able to work. Then there are at least 12,000 deaths from this disease each year. These cases are advanced ones, and in the condition to spread the infection on all sides.

We are not alarmists, but we must be sensible. If people would take proper care, tuberculosis would not be a specially dangerous disease from the standpoint of infection. But people do *not* take care, or they do *not* know. Here comes in the value of knowing the location of the sick. They can be visited or have suitable instructions sent to them.

On the basis of English values—and they are higher in this country per life—each life at the average age of death of consumptives is worth \$1,700. This for 12,000 deaths would give the very large sum of \$20,400,000. It has been shown by the committee of one hundred in the United States the loss by sickness equals one-half of the loss by death. This means that \$10,200,000 must be added to the above. This would show that annual money loss to Canada caused by tuberculosis would amount to \$30,600,000.

In face of these stern facts we must give our support to Mr. Downey, and those who think with him. In the whole range of preventive medicine there is no field so promising as that of tuberculosis; and, yet, we are only cultivating the very edges of that great field.

Tuberculosis is infectious and spreads from the sick to the well. To stay that spread proper measures must be employed. To employ these measures we must know where the cases are. This calls for the reporting of the cases. Let the medical profession use their great influence in favor of this forward movement. We give the bill in this issue.

DR. FORBES GODFREY'S BILL.

Dr. Forbes Godfrey, member in the Ontario Legislature for West York, introduced into the Ontario House a bill somewhat like that of Indiana, looking towards the prevention of the procreation of criminals, idiots and imbeciles. On moving the second reading of his bill he presented his case with much ability.

In speaking to the motion the premier said:—

"I must ask the honourable member to withdraw his bill, and if he will not, I must ask every honourable member to vote against it. And why? For several reasons. We may as well serve notice on Providence. Better let two physicians of the lowest mental and moral type decide what number of persons shall live. This bill is one that ought not to pass and ought not to keep the attention of the House for any time."

Dr. Forbes Godfrey, in withdrawing his bill, spoke as follows:—

"Mr. Speaker, of course I will have to bow to the will of the first Minister; but I did not think I was making such a serious mis-step, when Indiana considered such a bill justifiable and the State Legislature made it law, and when other States are doing the same thing. I want to state that I do not believe that in the Province of Ontario there are two medical men of such low order as the Premier has mentioned. Than the medical men, I am sure, there is not a better class of men in the Province.

"Further, I want to state that there is no class of men who have done more for the good of the Province and have done it at less cost than the medical men of the Province of Ontario. I am not ashamed of standing up in this House as I did. In years to come perhaps I will be justified. I therefore withdraw this bill to bring it up again at some future time."

We think that Dr. Forbes Godfrey merits the thanks of the medical profession for his manly stand. To unsex a criminal is neither a serious nor a difficult task. It has the effect of rendering it impossible for him to leave any progeny behind him. It has the other effect of making him more amenable to discipline and often rids him of criminal impulses. This is good for the person and for posterity. We give the bill elsewhere in this issue.

ONTARIO MEDICAL COUNCIL.

The amendments that have just become law must effect good results in the working of the medical council. The amendments, though few, are very useful, and will remedy several glaring evils of the past.

The first amendment of importance is that as soon as any registered practitioner is convicted in any court in Ontario of a criminal offense his name is automatically removed from the register. This expedites matters, and saves the medical council the trouble and expense of going through the case again. This is important, as every day the council sits costs nearly \$1,000.

Another amendment is to the effect that the executive committee may now institute enquiry in alleged cases of infamous conduct. The executive reports to the council. This avoids a year's delay. As it formerly was the council ordered an investigation and nothing could be done until the next year. Valuable time was thus lost.

One more amendment of importance is that when a registered letter is sent to the last address given by a registered practitioner, he will be considered as having been served. There is a case at present in which the council cannot act, because the whereabouts of the doctor is not known, and cannot be served. The amendment will overcome this difficulty.

A new district has been created for Thunder Bay and Rainy River. It was contended by Dr. Smillie, of the Sault, that this large territory will in course of time have a large number of doctors and this view prevailed.

By looking over the report of the West Toronto District meeting, it will be seen that much dissatisfaction was expressed regarding the

finances of the medical council. Some change must be made in this regard. The council must live within its income, and it must tell the profession where the money goes.

In another place will be found the bill as presented to the house and approved of by the bills committee. It is profoundly to be regretted that the clause dealing with the colleges was struck out.

THE OSTEOPATH BILL.

In another part of this issue we publish the Ontario Osteopath Bill. It was introduced into the House by Mr. MacDiarmid. What has happened in this Province of Ontario may happen in any other province of the Dominion. It behooves the medical profession, therefore, to look carefully into the trend of things, and to act wisely, quickly and with energy. The medical profession owe this to the public to safeguard it against those who think they are specially designed to care for the sick because they assume some new name.

Osteopathy, at best, is only one very limited phase of therapeutics. But the evil is that those who undertake to make use of this system of treatment make no pretensions to know anything about diagnosis. Pull, twist, rub, etc., etc., without caring whether the condition be a mass of tuberculous glands, a goitre, or a cancer. A stiff knee from an old injury, and one from chronic deforming rheumatism is all the same to the osteopath. We knew the case of a lady who was rubbed and pulled in a most thorough manner for a floating kidney.

The bill will stand careful examination. The osteopaths ask power to establish a college and provide a curriculum of studies, set examinations, and grant diplomas to practise osteopathy. Just look at the five words in parenthesis at the end of section 19. Externally or internally almost anything could be grouped under the three classes. What a host of drugs could be called anæsthetics, antiseptics and antidotes! The serum of diphtheria might be argued to be an antidote to the toxine of the disease. Mercury might be called an antiseptic to the intestinal canal. But the application of drugs under these three groups is apparent to all.

At the very most osteopathy is only massage and mechanical manipulation and should be carried on by those who are trained in hospitals and under the direction of the medical attendant. This is the only true place for osteopathy. The name should also be abandoned, for it is a misleading term. During the coming season the medical practitioners will have to use their influence upon the members of the Legislature

whom they may know. The true position of osteopathy should be made clear. This is a case where no half-hearted measures will do.

This matter has been laid over for the present to come up next session. The Academy of Medicine of Toronto has already taken steps in this matter. Medical societies throughout the province should take this matter up and discuss it. Definite action should be taken and forwarded to the members of the government, and the members of the House.

Regarding the Optometrists' Bill the Toronto Academy adopted a very strong resolution against the principle of incorporating bodies for the purpose of dealing with some sub phase of general practice.

The whole system is entirely wrong. The full curriculum of medical studies should be complied with. After this any one may specialize if he wishes. To incorporate a series of specialist who know practically nothing of general medical science is most vicious.

DOMINION REGISTRATION.

We learn from various sources that there will be no medical bill this session in the Federal House. If this be true it is to be profoundly regretted. It was thought by many, a few months ago, that we were on the eve of a national medical council. But it appears that some wish to raise too high a fence around their beloved region.

Well, there are ways and ways. In the first, two or more provinces may agree upon a common standard, and in this way secure reciprocity among these provinces. Once started this would grow. Already steps have been taken in the west to secure such. Manitoba, Saskatchewan, Alberta, and British Columbia, have agreed upon a basis of inter-provincial reciprocity. They have held back in the hopes that Dominion registration might be secured by the passage of some amendments to the Canada Medical Act.

We would urge upon the four western provinces to go ahead and form a council of their own. This would be one long step in the right direction. Any step in the direction of a common standard is of the utmost value. There are those who would lose the real cause for some minor detail. Get the principles laid down and the details will come in due time. Oak trees are not made; they grow.

Through the medium of the General Laurie Bill reciprocity may be brought about. Such provinces as avail themselves of this act, passed in Britain some years ago, may have reciprocity with each other. We have pointed out on several occasions that in this way inter-provincial reciprocity could be secured, without delay and without cost, and, better still, without loss of dignity. One thing is certain, medical opinion will

force some solution of this vexed question. That a medical practitioner cannot move from one province to another in Canada is a disgrace to our intelligence.

MEDICAL EDUCATION.

There have been a great deal said and written upon the merits of didactic lectures and clinical lectures. There are lecturers and lecturers, and the true teacher will make good headway with his students whether he teaches by didactic or clinical lectures.

We have heard didactic lectures that were a real inspiration, and we have heard clinical lectures that were of the wood wooden. We believe that the best plan is the mixed plan.

But we would go by results rather than by methods. The teacher whose pupils do badly at examinations should have his work enquired into. No house will keep a traveller who cannot sell its goods. No college should keep a teacher who cannot interest, enthuse and instruct his class; and the examination is the test. If the same students do well on subject A and do badly on subject B, then there is every reason to suspect that the lecturer on subject B has not done his work well.

In the report of the Board of Governors of the University of Toronto we read that the Dean, Dr. C. K. Clarke, remarks thus:—

“In some departments there has been divided responsibility, dissatisfaction and poor results as shown in our own as well as the council examinations of the last two years. On the admission of our teachers students were not properly equipped, and it is reasonable to suppose that at least a portion of the blame rested with the organizations. An analysis of the facts makes evident the necessity of better methods in some departments.”

When so much is said a good deal more may be inferred. The foregoing is a severe arrangement, seeing that it comes from the Dean of the Medical Faculty.

In our issue for February we tried to show that the medical faculty is receiving public aid to the extent of \$33,000 a year. This statement has not yet been challenged.

To our way of looking at the matter the head of each department should be made responsible for the work done in his department. He will then see to it that his assistants do their share of the work properly, or make way for those who will and can.

We read often about the good work of the various humane societies. There is good work for them to do in some of the university departments in this country. There is nothing so *inhumane* as to force students to lose their time in the attendance upon useless lectures, and to follow hour after hour the remarks of some poor teacher.

THE ONTARIO PUBLIC INSTITUTIONS.

The estimates of the recent session of the Ontario Legislature make liberal provision for the public institutions.

The Hospital for Insane, Brockville, \$113,106; Hospital for Insane, Cobourg, \$28,000; Hospital for Insane, Hamilton, \$171,127; Hospital for Insane, Kingston, \$119,193; Hospital for Insane, London, \$164,000; Hospital for Insane, Mimico, \$102,550; Hospital for Idiots, Orillia, \$88,467; Hospital for Insane, Penetanguishene, \$68,765; Hospital for Insane, Toronto, \$155,947; Hospital for Epileptics, Woodstock, \$38,736; Central Prison, Toronto, \$75,040; Central Prison Industries, \$63,470; Mercer Reformatory, Toronto, \$30,925. This makes a grand total of \$1,219,326.

To this must be added about \$150,000 which is the per diem grant to hospitals for such patients as do not contribute more than 70 cents per day.

We have long felt that as far as possible, asylums, prisons, and epileptic colonies should be made self-supporting. As an object lesson in this direction we would commend the study of the Craig Colony for Epileptics. There is a wide difference between making the inmates of these institutions do something towards their own support, and that of converting these institutions into commercial industries.

It is good for the occupants of our asylums, prisons, and epileptic homes to be given useful and suitable employment. This is now being done; but not to the extent it should. The burden on the community at large could be materially lightened.

 ONTARIO PROVINCIAL BOARD OF HEALTH.

The report is just to hand for the year 1908. It contains as usual much interesting matter.

For the year 1906 we learn that the deaths from infectious diseases ran as follows: smallpox 1, scarlatina 92, diphtheria 283, measles 119, whooping cough 139, typhoid fever 425, tuberculosis 1,933.

For the year 1907 the deaths were: smallpox 2, scarlatina 56, diphtheria 265, measles 73, whooping cough 146, typhoid fever 697, tuberculosis 1,996.

The number ill was of course very many times greater. This is altogether too heavy a death toll from preventable causes.

Take the 697 deaths from typhoid fever and look at them from a monetary point. Each life is worth, on ordinary averages of age and earning power, \$1,700. This would give the large sum of \$1,184,900

as a loss caused by these deaths. The number of cases reported was 3,500. This would no doubt be far under the true mark. Taking the 3,500 and allowing the cost of each sickness to be \$200 which is the sum usually taken as an average, the loss from sickness would amount to \$700,000. Typhoid fever, therefore, to Ontario in 1907, meant a grand loss of \$1,884,900. If the figures were fully known it could be easily shown to amount to \$2,000,000. !

This is only one disease, and much of this could be prevented. But according to well worked out observations there are three others ill from bad water to every case of typhoid from the same cause. This begins to show the enormous importance of keeping the water supplies clean.

The deaths from tuberculosis numbered 1,996. At their average ages and earning capacity these may be set down as a loss of \$3,000,000. To this must be added the time, loss and expenses of those ill. Much of this waste is preventable.

UNIVERSITY OF TORONTO PAPERS OF 50 YEARS AGO.

We give in another place the papers set for the M.B. examination of 50 years ago. They will make interesting reading, and will show that all the hard questions do not belong to the present day.

THE DEAD STILL LIVETH—WHAT WILL THE MEDICAL COUNCIL DO?

This question must be asked by every medical practitioner. The elections are coming soon and each representative should be made declare himself on the vital matters before the medical profession of this province.

The medical council approached the Legislature for certain amendments of the Medical Act. One of these was to the effect that no College or University not engaged in teaching should have a representative on the Medical Council. This passed the Bills' Committee unanimously.

At this juncture the University of Toronto made its appearance on the scene. The amendment dealing with colleges that do not teach was struck out, and so the most important amendment was lost. The council may thus be still weighted down with representatives of bodies that it is quite clear the act did not intend to have seats, though the language is rather vague.

This gives the University of Toronto really four representatives on the Medical Council instead of one, its proper share. Victoria College, Trinity University, and Trinity Medical School are now merged into the

University of Toronto, and as they may now retain their representatives, the University of Toronto will thus have really four.

But the section of the act is quite clear as to what was intended, even if the wording may not be in best form. We contend that the Medical Council should exercise its powers and exclude the representative from these defunct medical bodies. The act as it stands states to the satisfaction of the Council. The territorial men are in the majority and they should make a test case of this.

The Universities may make an effort to secure the support of some of the territorial representatives; and, in this way, carry their point. Should they succeed in doing so, the University of Ottawa would retain its representation, and two would come from Queen's instead of one, as the Royal College of Physicians and Surgeons of Kingston is merged with Queen's University.

The sins of omission and commission of the Medical Council have been neither few nor unimportant. These we have freely discussed; but they are easily remedied by the Council itself. This said, the Council is the Medical Parliament of the Medical profession of Ontario, and must be maintained with full power to look after the affairs of the Medical profession. The practitioners throughout the Province must elect good men and true, who will show no weakening in the event of any attempt to encroach upon the Council's powers. They must be pledged to cut out this dead wood.

Thus it will be seen that in a most high handed manner the University of Toronto, defeated the express will of the Medical Council. The Government gave its concurrence to the University's wish.

Who shall win out in this fight remains to be seen; but we do not hesitate to cast in our influence with the cause of the medical profession for its own autonomy as against all other corporations.

THE CANADIAN MEDICAL ASSOCIATION.

The 43rd annual meeting of the Canadian Medical Association will be held in Toronto on June 1, 2, 3 and 4, under the presidency of Dr. Adam H. Wright.

A good programme has been arranged in each of the sections.

There will be two excursions, one to Guelph and the other to Niagara Falls.

There is every reason to believe that the numbers attending will be such as to secure single fare rates.

ORIGINAL CONTRIBUTIONS.

REPORT OF SIX CASES OF CÆSAREAN SECTION AND ONE OF DUHRSSEN'S INCISIONS OF CERVIX.*

By FREDERICK FENTON, M.D., Associate in Obstetrics, University of Toronto.

MR. Chairman and Gentlemen,—I desire to present to you to-night a report of some recent cases of Cæsarean section. Three were done by the abdominal incision, and three by the vaginal route, and I include also a case in which Dührssen's incisions were made in the cervix.

Two of the abdominal sections were done for contracted pelves and the other for placenta prævia; the vaginal sections were all done for eclampsia, and the deep incisions of the cervix for cicatricial occlusion of the os.

Vaginal Sections.

Case No. 1. Maggie B., age 27, married, 1-para. Had always had good health. Menstruated last July 7th, 1908. Admitted to St. Michael's Hospital, March 4th, 1909, being eight months pregnant. For a month prior to admission, face, feet and legs had been swollen. Vomiting for last ten days. No cough, dyspnoea or headache. Urine was loaded with albumen and casts. During two and one-half hours prior to admission she had had five convulsions, and was deeply comatose. Pulse 130. She was prepared at once for operation. Having been delivered of a full time child before there was ample room in the vagina, and the outlet without division of those tissues and the levator ani. The usual incision was made in the anterior vaginal wall, and the mucous membrane reflected to either side. The bladder and peritoneum were readily separated from the anterior surface of the cervix and lower portion of the body of the uterus, which was then incised for a depth of about four inches. The posterior lip of the cervix was also incised as high up as, but not including Douglas' pouch. Delivery was easily effected with forceps. The incisions were repaired at once. The patient regained consciousness three hours after delivery with a corresponding improvement in her condition in all other respects.

For five days she continued in good condition, but for the fact that there was a slight elevation of temperature, 99.3 in the mornings and 100.1 at night.

On the sixth day she complained of pain over the base of the right lung, the temperature rose to 104, pulse to 160, and respiration to 60, and examination of the chest showed her to be suffering from a lobar pneumonia.

* Read at the Academy of Medicine, Toronto.

She passed through a rather severe time with the pneumonia reaching normal again in one week, but there was almost immediately a recrudescence of the fever, etc., and the upper lobes of the same lung became involved and she died on the seventeenth day after operation. At the time of death the incisions had healed completely and involution had progressed as far as it would normally be expected.

Strange to say, the baby, which up to that time had been doing very satisfactorily, died quite suddenly and unexpectedly, the same night as the mother, in convulsions.

Case No. 2. Mrs. W. T. C., 1-para., 8 months pregnant. Had had evidences of toxæmia for a short time previous, with albuminuria, oedema, headaches, etc.

Referred to me by Dr. Shier, on September 12th, 1909.

Had had one convulsion some hours previously, and was deeply comatose. She had been moved to the Western Hospital, where the operation was performed.

We were somewhat handicapped by the fact that the operation had to be performed in a small bed-room where the usual facilities of an operating-room were wanting, but a more serious matter was the great friability of the vaginal and cervical tissues. Much time was lost in overcoming the difficulties connected with our surroundings and in avoiding the dangers due to the excessive friability of the tissues.

The usual incisions and dissections were made, and delivery effected with forceps. There was no tearing beyond the limits of the incisions.

There were no further convulsions, consciousness returned in twelve hours, the puerperium was uneventful, and mother and baby left the hospital in good condition on the fourteenth day after delivery.

Case No. 3. Mrs. G. F., age 19, 0-para. Admitted to St. Michael's Hospital in convulsions 11.30 a.m., February 11th, 1910.

Had been well till about a week ago when she noticed her face was somewhat swollen. No headache, nausea, vomiting, dyspnoea or visual disturbance. She had had three convulsions and was deeply comatose. Pulse 120, tension high.

She was reported as being about eight months pregnant, and had received three-quarters of grain of morphia during about an hour or more which had elapsed since seen by her physician.

She was at once prepared for vaginal section and delivery effected within half an hour after she entered the hospital. Consciousness was regained within an hour or two, though on the day following she was still somewhat drowsy. There have been no further convulsions, and the oedema had almost disappeared two days later. There has been a little elevation of temperature on two or three evenings, but that has subsided now and the patient expresses herself as feeling quite well again. The

baby showed some signs of life, in that there were some reflex movements but it was impossible to get it to breathe. Whether this was due to the morphia administered to the mother or not is a question

I am sure we have all seen infants survive after just as great dosage and again, and perhaps more frequently, others born dead, following convulsions where no morphia had been used. While from the standpoint of the infant's life I believe that the convulsions are more to be feared than the morphia, at the same time I think that the drug is not without danger in such heroic doses, and that where prompt delivery can be affected it would be better to withhold it altogether or materially lessen the dose.

In each of these cases the picture of eclampsia was complete, and the examinations of the urine showed the presence of albumen with casts in large numbers.

In each case delivery was followed by the usual eliminative and dietetic treatment.

In the last one before the patient left the operating table the stomach tube was passed and a quart of solution of soda bicarb, used to wash the stomach, afterward two ounces of a saturated solution of magnes. sulph. being run into the stomach and left there.

It is not my intention to go into the subject of eclampsia at length, but there are one or two observations I would like to make.

While the weight of opinion of those best qualified to express themselves on this matter is overwhelmingly in favor of prompt termination in all cases in which a convulsion has occurred, there are still some who counsel medical means and temporizing.

With expectant plans whether it be with morphia, chloral, veratrum veride, or elimination, the mortality remains practically the same, viz., thirty per cent. In ninety-three cases, from 1900 to 1905, treated by immediate delivery by vaginal section by Bumm there was a mortality of 2.8% and Veit has done the same operation thirty-three times with one death.

I quote these instances from among many similar ones which might be referred to show that there can be no question as to which plan of treatment offers the mother, and I would add the baby, too, the best chance for life.

The removal of the cause is the most rational method of procedure, and as this disease is peculiar to pregnancy, and the pregnant woman differs from others only in the fact that she is pregnant, it is reasonable to assume that the uterine contents, be it the child or the placenta, are the source of some toxic material upon which the other phenomena and the pathological changes in the mother's tissues depend, and that their

removal will be followed by cutting-off of the original poison without which there would have been no trouble.

If the dose of toxine already introduced into the woman's circulation is so great as to preclude the possibility of recovery, or if the effects of that toxine upon her liver and kidneys has been so pernicious as to irreparably damage them and introduce into the case perhaps new toxines arising from faulty metabolism or retained by deficient excretion, recovery must not be expected from the removal of the possibility of further supply. On the other hand, without cutting off the supply of toxine it is not reasonable to suppose that in such a case, medical means, by depleting the blood of toxine and diluting what is left, would accomplish any more than surgical. But because surgical measures are taken it is not necessary to neglect the benefits to be derived from elimination and dilution.

The second point which suggests itself is, that if termination be the best procedure, what is the best means of effecting it? The following methods are open to us:—

1. Induction of labor.
2. Accouchement forcé.
3. Dührssen's incisions.
4. Abdominal Caesarean section.
5. Vaginal Caesarean section.

Induction of labor. The objection to this method is that it is too slow and uncertain, often requiring many hours to bring on uterine contractions, which time together with that consumed by labor itself, may be so great as to let pass the patient's only chance for safety.

Accouchement forcé has a mortality itself as great as that of eclampsia so that in adopting this measure one is only substituting one danger for another of equal magnitude. It cannot therefore be considered at all.

Dührssen's incisions might be used where there is a rigid or partially dilated os, the cervical canal having been already taken up and labor under way.

Unless the cervical canal has been obliterated these incisions can be of no service, and attempts at delivery may result in extensive and dangerous tearing.

This method should be reserved for cases in which labor has advanced somewhat, and more room is wanted to admit of immediate delivery.

Abdominal Caesarean section has a field in the management of these cases, but should, I think, be reserved for cases at or near to term, with a fair-sized child in which it is possible to have careful preparation made before and ample assistance at the time of operation.

For the ordinary case which one meets in the seventh or eighth month, with an undilated os and unobliterated cervical canal, with little

time for preparation and perhaps indifferent assistance, the vaginal section has no doubt come to stay.

The preparation of the patient can be done quickly, if necessary on the table, few instruments or assistants are required, it is quickly accomplished in most cases, fifteen minutes being as a rule ample to effect delivery, and oftentimes it might be done in much less time, the peritoneum is not opened and there is little danger of injuring the bladder with reasonable care. There is no abdominal incision to stretch if the patient recovers or be a source of questionings if she does not.

I would not have the impression created that I think that in vaginal Caesarean section one has a certain cure for eclampsia or that difficulties may not be encountered in its performance.

De Lee, after reviewing the reports on the subject, says, "Let the reader not be beguiled by the favorable statistics of vaginal Caesarean section into believing that we have a sovereign remedy for the disease in rapid delivery. While there is no doubt that emptying of the uterus immediately, eclampsia having declared itself, will reduce the mortality, there is also no doubt that the figures here quoted are only accidentally favorable. Eclampsia is a treacherous condition, and cases vary much in severity. The Editor's first 19 cases all recovered, this fact giving him a warm satisfaction in his methods of treatment, but the next 4 died in succession, dispelling that feeling completely."

Even after noting De Lee's remarks one can but return to the original statement that the most successful principle of treatment is that of prompt evacuation of the uterus. The best means of effecting this will depend upon circumstances to a considerable extent, but in the majority of cases vaginal section is the quickest and safest method at our disposal.

The next case is a rather unusual one, and as it approaches very close to a vaginal section, though it cannot be called such properly as the body of the uterus was not incised, it seems best to place it here in this report.

S. H., married, xvi.-para., Assyrian, age 41. Admitted to St. Michael's Hospital, in labor, December 30th, 1909. Eighteen months previously she had had a miscarriage which was followed by metrorrhagia for which she was operated upon in Grace Hospital.

On digital examination per vaginam no os could be found, the lower end of the uterus feeling rounded, and uniformly thick, with apparently a small scar about its centre.

With the speculum no sign of os could be made out except the scar referred to. The patient had frequent, strong pains.

Anæsthetic was administered, and with a very fine probe a minute opening was found leading into the uterus. Commencing from this point

incisions were made both antero-posteriorly and laterally, splitting the cervix throughout its whole length. Forceps were applied and a delivery easily effected. The incisions were repaired the following day, leaving a sufficient cervical opening.

The puerperium was uneventful and mother and baby left the hospital in good condition on the twelfth day.

Abdominal Caesarean Sections.

Case No. 1. Jessie F., married, aet. 31, 11-para. A rather delicate woman, small in stature and frail in constitution. Both labors had been very severe and extended over many hours, being terminated with forceps after considerable traction. The first baby lived about eight months and died of some intestinal trouble, probably due to feeding, but it did not cry for the first six weeks at all and appeared to be unable to nurse.

The second child only lived twenty-four hours, and at the time its death was ascribed to injuries to the head during delivery. The external pelvic measures suggested the probability of flat pelvis being as follows:—Interspinous 24.5 c.m., intercrystal 27 c.m., external conjugate 18 c.m.

The diagonal conjugate was found to be 11 c.m., from which an estimate of the true conjugate was made of about 9.5 c.m. or 3.75 inches.

She last menstruated about October 15th, 1908, and experienced quickening on January 31st, 1909, from which dates an estimate of the time of labor was made between the 23rd and 31st of July, 1909.

It was decided to allow pregnancy to continue until the 19th of July, when if labor had not begun in the meantime, an abdominal section would be done.

Labor commenced, however, about 11.30 a.m. on the 18th, and preparations immediately made for operation, which was done about 4.00 p.m. No vaginal examination was made in the interim, except one by myself just prior to operation to determine whether the presenting part was entering the brim satisfactorily and judge of the necessity of operation in this instance. The os was dilated to the size of a fifty-cent piece, but the presenting part (breech) was high up and I decided to proceed. The usual abdominal incision was made and the uterus not delivered out of the abdomen.

On incising the uterus the placenta was found directly in the line of incision, with the result that the hemorrhage was free. The placenta was torn through and the baby rapidly delivered. The placenta, though torn, was, I think, all removed, but some of the membrane was left behind and was successfully passed a day or two later.

Three rows of suture were put into the uterine wall, consisting of cat-gut, No. 2 sterile. The peritoneum was stitched with the same material, the remainder of the abdominal wall with silk-worm gut.

The baby proved to be small, weighing only 5 lbs. 3 ozs. at birth. I am not prepared to say that it would not have passed through its mother's pelvis uninjured, but in view of the previous history of the case, coupled with the intense desire of both parents that no chances should be taken with the life of the baby, I felt that the correct plan had been followed.

Both mother and baby left the hospital on the nineteenth day in good condition, and I am glad to be able to report that they are still so. It is not long since the mother inquired of me as to the possibility of performing the same operation a second time.

Case No. 2. Nellie S., aet. 17, single, o-para. Menstruated last December 17th, 1908. Estimated date of labor September 24th, 1909. Admitted to St. Michael's Hospital, September 4th, 1909. External pelvimetry gave the following results, viz., Interspinous 25.25 c.m., intercrystal 26.5 c.m., external conjugate 17.5 c.m. The diagonal conjugate was 10.5 c.m. from which it was estimated that the true conjugate would be about 9 c.m. or 3.6 inches.

Being a nullipara we had no history of previous labors to guide or warn us, and it was therefore decided that she should be given the benefit of the doubt and allowed to go into labor with a view to determine what good contractions and moulding would accomplish.

At 6.00 p.m. on the 2nd October, 1909, labor began, being eight days over the time estimated for labor, as counted from the date of last menstruation, but just to the day estimated by measurement of the height of the fungus on admission.

Her pains were moderately strong, at intervals of fifteen minutes throughout the night, some rest being obtained by the use of morphia and hyoscine hypodermically and all vaginal examinations being most carefully avoided.

At noon next day the os was about the size of a twenty-five cent piece and the head not engaged.

Preparations for operation were completed and an abdominal Caesarean section done about 3.00 p.m., on 3rd October. No difficulty was experienced, and the same steps in closure of the wound were followed as in other case. The baby weighed eight pounds.

The puerperium was uneventful. The patient was up on the fourteenth day and left the hospital with her baby, in good condition on the twenty-third day after operation.

It is unnecessary, before such a meeting as this, to say anything in defence or by way of advocacy, regarding Caesarean section, but I

would like to give what I believe to be the present aspect of the weight of professional opinion on the matter in the words of De Lee from an editorial note of his following a very comprehensive review of the literature on the subject. He says in part:—"Moderate degrees of contraction is much more common than is generally admitted, and much of the high foetal mortality is thus explained." "If there is absolute disproportion between the head and the pelvis, Porro Caesarean section in infected cases, conservative in clean, unless the patient wishes to be sterilized, when Porro may be done." "If the obstruction is only relative, one has three courses of procedure: (1) expectancy followed by hebosteotomy; (2) Caesarean section; (3) expectancy followed by supracervical extraperitoneal Caesarean section." "Prophylactic version, high forceps and craniotomy, are not considered as primary methods of procedure."

It must be recognized that craniotomy on the living child is no longer permissible.

The tremendous preservation of life, both maternal and infantile, which has resulted from the extensive adoption of the views and methods just expressed in reference to contracted pelvis, has led many to consider whether there was not a chance for improvement in the results to mothers, but more especially to infants, in the established methods of dealing with placenta praevia.

By Braxton Hick's version or by the use of hydrostatic dilators the results are practically the same, viz., a maternal mortality of nearly 10 per cent. and a foetal mortality of at least 50 per cent., while some reports go as high as 85 per cent.

On the other hand Sellheim reports eight cases of extraperitoneal Caesarean section, and as a result obtained eight living healthy mothers and eight living healthy children.

More experience is required in these cases, but Sellheim lays down the following rules regarding the treatment of placenta praevia:—

"1. Every woman who suffers from placenta praevia should be delivered by extraperitoneal Caesarean section and tamponade of the placental site if the child is alive and the mother free from infection."

"2. If the foetus is nonviable and hemorrhage is not serious, the woman is placed in bed under proper care and, if all goes well, is delivered by the extraperitoneal route when the child becomes viable. If the hemorrhage recurs before the period of viability, combined version and spontaneous delivery by the breech are indicated."

"3. If the mother is markedly anæmic when she first comes under observation and the extraperitoneal Caesarean section is dangerous, the foetus is turned and the time spent waiting for delivery is utilized in stimulating and strengthening the patient."

"4. If the patient is septic, turn and await spontaneous delivery."

I would like to add a fifth condition to those mentioned, and that is that the child should not only be found to be viable, but living immediately before a Caesarean section is done. With modern surgical methods Caesarean section would not have a mortality of ten per cent., so that without increasing the mother's risks (and it is probable that an actual decrease will be shown), from 50 per cent. to 85 per cent. of the children now lost by Hick's method may yet be saved.

The case of Caesarean section which I have to report which was done for this condition is as follows:—

Case No. 3. Bridget C., married, aet. 36, IX-para. Menstruated last May 8th, 1909. Admitted to St. Michael's Hospital, November 1st, 1909, being six months pregnant. Following the lifting of a heavy tub a few days previous she had had several severe painless hemorrhages from the vagina.

There was no bleeding at the time of admission, but she was pale and bloodless with a feeble pulse at 136 per minute. It was deemed unwise to take any steps towards delivery lest a further loss of blood might prove fatal. Rectal saline and the usual stimulating and supporting treatment was instituted and the patient carefully watched.

An examination of the blood six days after admission (no hemorrhage having taken place in the interim), showed the R. B. C. to be 1,000,000 and the hemoglobin 20%.

In view of the absence of further hemorrhage and her gradual improvement under treatment, it was decided to leave things alone till further signs of bleeding occurred, when if the child were then viable a Caesarean section would be undertaken, otherwise Braxton Hick's method would be followed.

The woman's blood count improved slowly during November, the R. B. C. being 1,200,000 on the 18th and 1,300,000 on the 28th. About 11.00 p.m. on the 2nd of December she had a small hemorrhage (3iv) and was immediately prepared for operation, which was done three or four hours later, much delay being experienced in getting the patient to take the anæsthetic, when the time came.

After incising the abdominal wall and before opening the uterus about fifteen drops of a 1:10,000 solution of adrenalin was injected into the uterine tissues along the line of the proposed incision, as recommended by New, but I could not see that it was of any value.

The patient lost little blood, the placenta being situated below the line of incision and the operation was speedily terminated.

A saline transfusion was done while on the table, and her condition was excellent for one with only 1,300,000 R. B. C.'s before operation.

The baby was born alive but lived only a few hours. The subsequent history of the woman was uneventful, her blood has improved steadily, the last report that I have to hand showing 3,450,000 R. B. C.'s.

She left the hospital on Sunday last.

I have little further to add other than to say that I believe that this patient was delivered with less bleeding by abdominal section than would have been the case by turning, while the child was given three or four times as great a chance for life as would have been afforded by that method. The operation was in no way responsible for its death.

75 Bloor Street East.

DISCUSSION OF DR. FENTON'S PAPER BY DR. S. M. HAY.

Dr. Fenton is to be congratulated on the success of his work in Caesarean section. Vaginal C. S. has a comparatively limited field of application, being only applicable when the soft parts are at fault and the bony pelvis normal or nearly so.

Many cases of abdominal C. S. fail to give good results because frequent unsuccessful attempts have already been made to accomplish an impossible delivery. Where many vaginal examinations have been made and the membranes long ruptured, we are apt to have more or less sepsis which in itself may be a contra-indication to C. S. I have a case at present in Grace Hospital on whom I did a Caesarean section a short time ago. In June, 1908, I was called in consultation by two very competent medical men who were attempting to deliver this patient of a very large child. The forceps had been frequently tried without success. As these men were somewhat fagged I tried to deliver with forceps but also failed. I then turned and delivered a very large male child. There was great difficulty in delivering the after-coming head. The child was dead and its neck broken. We at this time diagnosed a contracted pelvis. Her doctor just recovering from an operation for appendicitis I was induced to take care of the patient during her recent confinement. After the pains came on in the morning of the same day she went at once into Grace Hospital. I made only one vaginal examination, and at once decided that a living child in all probability could not be brought through the natural passages. Dr. McIlwraith saw her in consultation and under anæsthesia our combined efforts to press the head into the pelvis failed. We put the matter plainly to the husband and patient. Their great anxiety for a living child decided them in favor of a Caesarean section which we did before leaving the hospital. While the patient was being anesthetized I had the house surgeon puncture the membranes. The waters were well drained off by the time the operation was started. I did not deliver the uterus through the abdominal incision, as that

requires a very much longer incision. One assistant kept well directed pressure on the sides of the abdomen and steadied the uterus and kept it close to the abdominal wall. This pressure was maintained until the child and placenta were delivered and a tenaculum forceps placed at each end of the wound in the uterus. After the uterus was sutured and the abdominal cavity examined there was not half an ounce of blood found in it.

No doubt Caesarean section frequently fails because the patient is exhausted and perhaps rendered septic in fruitless attempts to deliver before the abdominal operation is resorted to.

MEDICAL THOUGHTS, FACTS, FANCIES, FADS AND FOIBLES.

By JAMES S. SPRAGUE, M.D., Perth.

IS osteopathy, through our indifference and absence of interest in our profession, to obtain recognition in our midst, and by legislative acts to become associated with us, and our names in the medical register of our College of Physicians and Surgeons of this enlightened—the banner province—of our Dominion? If osteopathy is, through our carelessness and non-opposition and unwise legislation, to establish itself in the land, it would appear as if no greater disgrace could possibly arise to injure the respectability and honored name of our universities, and especially those who, after many years of great expense and study, are possessors of the degree of M. D.

Our journals in medicine and our daily papers contain no remonstrances, and it would appear that while we are asleep—the followers of *Still* are at work, and even their petitions are in the hands of those who as legislators, and commorly recognized as enlightened and patriotic men, who are to sit in judgment and decide whether this late and apparent delusion is to stain the pages of our medical and parliamentary transactions and records with its name, and that, too, of our honored universities, and not least by its establishment, the dear people become as victims of that modern mind idol worship—(osteopathy)—with which are to be classed, vitapathy, chiropractics, faith healing, Christian science and other “Fly by Night” schemes and madneses of the crowd.

If osteopathy should become named as a part of medical practice or separately named, to me, it would appear as if our parliamentarians are not loyal to the educational interests and the welfare of our fellow M.D's.—our universities—and their constituencies and the general public. It is my interest and yours, too, brother, as good and honest men, to oppose

any attempt by fakirs to place mud gods in the Temple of Medicine; our civilization will not admit it. If we who are old in practice, and so ardently wish Dominion medical registration, are to realize, with Dr. Roddick this great blessing, one fact is this, he must have support, and that support must be by men who are fully engaged in medical practice, who do not consider it a side line business—an avocation.

If there were two wide awake M.D's. in each province—such as are not professors, M.P's., school inspectors, and to become deeply interested in medical registration for our Dominion there is no doubt that this great national blessing and the life-long ambition of Dr. Roddick, would be fully realized by such able and continuous encouragement and support.

There are those in our ranks, who apparently for an ephemeral notoriety blot the fair pages of the few strictly ethical medical journals with denouncements of standard remedies, and their insane and misguided contributions are too frequently reproduced by the advocates or fabricators and partizans of many of the cults, which modern fakirism has evolved for the debasement of honest medicine and the degradation of society, and for purely sordid motives. Those who do not get favorable results from the employment of drug medication are too often mere theroists, and those who may be classed as "the don't know how's." To our colleges we must look for the origin of many iconoclasts—for there they were improperly nursed—for at graduation they experienced inability to compound their medicines, in which the great drug companies rejoiced, and very profitably, too, for the young doctor displaced his materia medica for the price list and semi-almanac of the said company, whose unpaid salesman and benefactor he most foolishly becomes and in whose tonics, etc., in due time he loses self-respect, and the most of his pocket money—the community's respect—and receives the censure of his intelligent wife, for she dresses no better than a hired girl.

It is a dirty bird that befouls or even allows its own nest to be befouled, yet in medicine there are and have been many illustrations and instances wherein the ordinary bird has given admonitions most vainly to those of our profession, which is said to be "First of arts, without whose light, all the rest would sink in night."

The trained nurse, she of the "profession," came near befouling our nest, at least, she tried very silently, and finally, very boldly for an incorporation, but through the will of the gods, not medical opposition, her wings failed to land her, her uniform, scissors and thermometer in our nest. She is contented with nursing her title of *profession*, and title of her *graduation*. We M.D's., barristers, and divines once boasted we belonged to the learned professions. To-day nurses, dentists, druggists, veterinary surgeons, barbers, piano-players, osteopaths, claim the

word *profession*. A few years since, rich and influential men possessed gold watches—real gold. To-day the cheapest clerk is in possession of an imitation of the same and a gaudy chain thereto attached.

Institutions of learning not long since bore the most expressive of distinctive names, such as grammar schools, seminaries, academies, etc., and those who controlled these were termed masters or principals. Those who attended these schools were named as scholars or pupils. To-day these or similar places of learning are named as colleges, their pupils as *students*, the head officials as *presidents*, their certificates as *diplomas*, or *degrees*, and the dates of certificates as *graduation* day. Grammar schools are known as high schools and collegiate institutes. Ordinary colleges whose professors give instruction only in the work of the first and second years of an arts' course assume the distinction of *university* and announce this title in their annual registers, and as this fact is observable in the announcements of several church-supported schools or colleges, it ceases to be a criminal fallacy or a fraud equal to that wherein many reverend men, not connected with college work, are said to be the possessors of D.D., D.C.L., etc., which their innocent charges and an illiterate public believe to be honorably obtained and well merited—but the correspondence *university*—room 291, fourth story, Vermont St., at least its president knows full well that for \$50 Rev. John W. Smith became Rev. Dr. Smith.

Personally acquainted am I with several ministers of the Gospel, and ordinary school teachers who have purchased degrees in law and in arts, and as a rule, they, or such as they are, are those who are, at heart, the defamers of our universities and their honorable degrees, and, too often, included among those who *may* be classed among our friends. Yet, socialists, are they of no mean standing. Equally are these, especially the ministers, announcing their publications in support of various healing cults, of which the Emanuel movement, inaugurated by several able and distinguished reverend doctors, many rank as worthy of first mention, and is a marked indication of the decadence of the church's power, or evidence that, seeing the general and marked progress of medicine and the power its disciples are possessing in each and every commonwealth. The church, either is anxious to silence that power, or feeling its own influence over, intelligent men to be rapidly declining, wants association with us, who are recognized as the most universally learned of the learned professions, whose altruistic labors are the most decidedly pronounced for the nation's welfare, are proudly established in the seats of the mighty, and are not encouraging, or in any sense honored by this association which may be termed the "Angelic conjunction" (half preacher, half doctor), although the amalgamation in the darkest ages of history is stated to have existed for the glory and emoluments of

the church, the encouragement of superstition, the degradation of men's souls, and a blight to the progress of medicine. It may well be stated that such a blending has no affinity, but is truth in disguise.

The main work, and peculiarly its own, of the church and its ministry is spiritual and zeal, too. In its opposition to the many social evils of our times, and in truth, this work should be that of him, who, looking heaven-ward, can truthfully and reverently exclaim :

"My mouth shall be telling of the righteousness and salvation of Christ all the day long; for I know no end thereof." If so, there would be no ambition to seek unmerited and unwarrantable aggrandizement of honors or rewards in Emanuel movements or other quasi or pseudo medical fields.

"Physicians," says Gladstone, "will become the future rulers of the nations," and we, by Virchow, are termed the natural attorneys of the poor, and the social problems should largely be solved by medical men, and his life rich with work, was given to the reformation of science and of medicine. Yet, he left religion to the churches. Concerning Virchow, it may be said, his *master's word* is that of Osler, and that word is *work*. Hesiod tells us "the immortal gods planted sweat before virtue, and the path leading to the heights is long and steep." Such words are consoling with promises, and discouraging to those who, as ministers, osteopaths, and the adherents of modern and delusive healing cults, want to dethrone us, if not, sit with us, or to place in our sacred temples, gods of mud and made by apprentices for self-extolment—the public's dishonor as well as that of medicine—whose traditions enroll gods and demi-gods, whose history contains the honored names of men who have done Herculean work for the world's betterment, and whose labors and professions, we do not want to have tarnished in the history of this century, which opens with promises for the fulfilment of the dreams and prayers of our illustrious masters that their researches should be prolonged and successfully accomplished, and that none but the clean hands of worthy disciples in the same spirit of altruism, devotion to science and art, should work out the intricate problems associated with the greatest interest and blessing of any commonwealth, its public health, and that duty occupies the studies and patriotism of every medical man and statesman who "shall bring the glory and the honor of the nations into it"—the Temple of Medicine.

The writer of this article is incorrect so far as the CANADA LANCET is concerned. This journal never ceases protesting against the many abuses that are creeping into the medical profession. It is constantly warning the profession to be alert regarding the many threatened innovations of the present.—(ED. CANADA LANCET.)

TWO CASES OF PERFORATION OF BOWEL IN TYPHOID WITH OPERATION.*

By R. J. MANION, M.D., Fort William, Ont.

S. P., age 28, went to hospital on October 23, 1909. Was very sick, temperature 103 to 105, pulse 120 to 140. Had much pain in abdomen continuously. About November 5 to 8 had a number of hemorrhages which put him into very low condition with subsultus tendinum and delirium for ten days. The bleeding was treated by Dovers powder enema, stopping food, ice bag, and so forth. Gradually recovered from apparently sure death, and he was in fairly good shape by November 20. About this time pneumonia developed which put him into desperate shape with a pulse at times above 160, temperature 104. I used different forms of stimulation, strychnine, whiskey, rectal saline, and later, interstitial saline. He again began to improve, about December 3, which improvement continued till December 11 at 10 p.m., when his nurse reported severe pain in abdomen, right upper quadrant, pulse 114, temperature 99. I thought it perforation, but he was so weakened that I did not consider operation advisable. By December 12, in morning, I had no doubt of perforation, as his abdomen was distended, rigid and painful, liver dulness absent, face typical, drawn and pinched, with a cold sweat, pulse 140, temperature 100. He was told his condition, but I could not hold out much chance even by operation. However, at 4.30 that afternoon he asked me to operate and so give him what little chance there was. I operated at 5.30 under ether, about nineteen hours after perforation. Time of operation twenty minutes. Three-inch incision on right side. Serum escaped, then sero-pus; bowels matted together. Ten inches from ileo-cæcal junction perforation size of pin-head. Purse string closure, tube into pelvis. Fowler position in bed and rectal saline used. He left table even better than at beginning of operation, and when rational said he felt much better, but gradually sank and died twenty hours after operation. I was not surprised, as I did not consider that the patient had more than one chance in ten thousand at the time of operation.

F. J., age 34, went into the hospital with typhoid on December 7, 1909, temperature 101-103, pulse 90-100. Was running fairly mild course, when on December 17 at 9 a.m. he had some pain in abdomen. I saw him at 10.30 a.m. His temperature dropped to 102 from 103 and continued to drop, and his pulse was slowly crawling up. His belly was rigid, tender, not distended, and he said the pain was spasmodic. His face was drawn tense. He agreed to operation which I began at 11.40 a.m., just a little less than three hours after first symptom. Operation took fifteen minutes, anæsthetic ether, incision right side. Omentum pre-

* Read before the Thunder Bay Medical Association, Feb. 3rd, 1910.

sented, which on being drawn up, allowed much clear serum to flow out. Perforation pin-head size, found about nine inches from ileo-caecal valve. Purse string suture reinforced, tube into pelvis, through and through silk work gut suture. Put to bed in Fowler's position, nothing by mouth, continuous rectal saline. Patient did not retain saline after about six pints had been given, and I discontinued it, second day gave albumen and barley water by mouth. Fowler's position maintained for three days and kept head of bed slightly raised for few more days. Much serum came into dressings. I removed tube third day, a piece of omentum prolapsing with it, which I cut off after tying. Temperature and pulse remained much as before operation. Belly was soft, but stools became involuntary after operation for some days. I moved him back to medical ward five days after operation. Full liquid diet about fifth day after operation, stitches removed eighth day. Ten days after operation, temperature and pulse normal during day, up a little at night. Very hungry and wants to sit up. January 1st, temperature and pulse normal continuously, and no further rise. Wound healed slowly but ultimately very well. January 5th, soft diet and sat up in bed. Out of bed January 11th, just twenty-five days after operation. Walked a few days later, left hospital ten days after this with a strong, firm, completely-healed wound, about six weeks from beginning of typhoid.

The elements of success were to my mind:—Early diagnosis, immediate operation, quick operation, little disturbance, Fowler position, and perhaps most important that the perforation occurred early when the patient was comparatively strong.

AGURIN IN EDEMA.

By HUGH A. STEVENSON, M.D., C.M., London.

MANY new remedies do not fulfil what is required of them. One new remedy that I have been most agreeably surprised with is Agurin put up by the Farbenfabriken Company which is recommended for the relief of dropsy, especially from heart disease. I have used Agurin for some considerable time. The use of it in one case particularly, I would like to report. This patient was somewhat of an athlete. About twelve years ago he suffered with la grippe very severely but left him without an after effect, as he thought. Some little time ago he began to suffer with a little shoriness of breath until at last he had to give up work, and when I saw him it was with difficulty that he got around. His pulse was irregular and intermittent, running about 120. A well-defined murmur mitral regurgitant. He was just beginning broken compensation. In a

very short time a murmur developed at the other valves and the heart became considerably dilated. For more than two weeks he was partially unconscious (not from digitalis). The usual heart remedies were used. Ergot, digitalis, cactina were used. When he became stupid thyroid five grains three times per day was used and continued for some time. He gradually recovered his mental balance, the heart began to contract. The murmur became more distinct so that he complained of a purring as he said, over the praeordial area.

He has recovered enough to get about again. For a long time he had considerable swelling of the legs and abdomen. I tried several remedies without success until I put him on Agurin eight grains twice per day, which after two weeks' time, was reduced to once per day. Within one week's time the swelling began to disappear and soon left him entirely and likewise some nervous spells he complained of disappeared also.

Agurin seems to work well in other dropsical affections, and it seems to have no injurious effect on the heart. This remedy worked like magic in this particular case.

SOME REMARKS ON COMPENSATORY DIARRHEA.

George M. Niles of Atlanta, Ga., states that there are diarrheas that show no local lesions and that seem to be salutary in their effects, which he calls compensatory. These are, first, those that are concomitant with deficient or perverse catabolic processes; such occur in gout, diabetes, goiter, Addison's disease, etc. Second, those resulting from functional or structural disease of certain excretory organs, as in failure of renal functions and extensive burns. Third, those occurring in old persons who are failing in strength, the result of physiologic decline. The diarrhea here consists of incompletely catabolized products that need to be excreted. Also certain toxic states with elimination of toxic products by the bowels, such as uremic diarrhea; women past the climacteric seem to need elimination of certain products, which is done by diarrheal discharges. Treatment of such diarrheas should not be directed to stopping the passages.—*Medical Record*, February 19, 1910.

CURRENT MEDICAL LITERATURE.

GYNÆCOLOGY AND ABDOMINAL SURGERY.

Under the charge of S. M. HAY, M.D., C.M., Gynecologist to the Toronto Western Hospital, and Consulting Surgeon, Toronto Orthopedic Hospital.

INOPERABLE CARCINOMA OF THE UTERUS.

A. Martin (*Surg. Gyn. Obst.*, September, 1909) recommends only general treatment in inoperable cases which present no special symptoms but merely ulceration without bleeding on examination and only a small ulcer. In the great majority bleeding and sloughing demand removal of cancerous outgrowths and destruction of all the zone of infiltration around the ulcer. For this he favors the application of acetone. The treatment if pregnancy coexists is the same; but it is not wise to attempt to bring the head through the cancerous tissues, so Cesarean section is indicated. *American Journal of Obs. and Dis., of Women and Children*, Feby., 1910.

TIME FOR OPERATION UPON CHRONIC INFLAMMATORY PELVIC MASS.

H. S. Crossen, (*Surg. Gyn., Obs.*, Oct., 1909) says that abdominal operation for chronic inflammatory mass in the pelvis should not be undertaken before the period of probable sterilization, except in those rare cases in which, in spite of palliative measures, the patient's life is threatened by the severity of the inflammation, and the infected focus cannot be satisfactorily drained extraperitoneally. In the gonococcal cases the bacteria are dead or attenuated to practical sterility within three or four months from the beginning of the trouble. Abdominal section for a mass of streptococcus is never safe. Such an operation at any time, even years after the infection, is liable to be followed by fatal peritonitis. No intraperitoneal operation should be undertaken until the streptococcus is excluded with reasonable certainty. In a doubtful case in which the abdomen is opened on the supposition that the mass is tuboovarian and it is found, before adhesions are much disturbed, that the mass is principally in the connective tissue (parametric), the route of attack should be changed to extraperitoneal (per vaginum or above Poupert's ligament) and the abdominal wound closed. Such a lesion probably contains streptococci, and the adhesions of omentum and bowel, which caused the deceptive mass high in the tubal region, constitute

nature's barrier between the virulent bacteria and the peritoneal cavity. When this barrier is broken down, the way is opened for a fatal peritonitis. *American Journal of Obs. and Dis. of Women and Children*, Feby., 9110.

APPENDICITIS AND DISEASES OF THE ADNEXA.

Paul Segond (*Gaz. Med. de Paris*, Oct. 1, 1909) says that the co-existence of appendicitis with involvement of the adnexa is extremely frequent. There seems to be a relation of cause and effect between the two. In suppurative lesions both organs may be involved in an inflammatory mass; the appendicular cavity and salpinx may communicate, but in general one set of organs is involved only on the surface; an oophoro-salpingitis is accompanied by a peri-appendicitis, or *vice versa*. This association is more frequent in chronic lesions. Both may complicate a normal pregnancy or an extrauterine pregnancy. Appendiculo-annexitis is met with often with cysts and pelvic tumors. The primary reason of their coexistence is the location of the organs so near one another. Another factor is the existence of a line of connecting lymphatics, and an appendiculo-ovarian ligament. The subperitoneal cellular tissue connects them as does the peritoneum, and the inflammation passes in this way. False membranes formed around the inflamed adnexa capture the appendix and hold it down, causing peri-appendicitis. Changes in its nutrition take place, and the phagocytic functions of defence are lost. Finally a true appendicitis develops. In acute cases the diagnosis between the two sets of lesions is very difficult. A right oophoro-salpingitis with normal adnexa of the left side favors appendicitis. In young girls who have neither tuberculosis nor gonorrhoea, location of symptoms in the right side favors appendicitis as the cause of salpingitis. The indications for operation in suppurative cases are imperative. When there is appendicitis, vaginal operation is contraindicated; in the course of all laparotomies the appendix should be carefully examined. The appendix should always be removed when found inflamed, and perhaps should always be removed even when normal. The median incision should generally be preferred to a lateral one. *Am. Jour., of Obs. and Dis. of Women and Children*, Feby., 1910.

VALUE OF FOWLER AND CLARK POSITIONS.

H. B. Delatour (*N. Y. State Jour. Med.*, Sept., 1909) favors irrigation of the abdominal cavity with normal salt solution after a clean operation, leaving 500 to 1,000 c.c. of this solution in the peritoneal

cavity and elevating the foot of the bed 20 degrees as advocated by Clark. In clean appendicitis cases with a large quantity of serum in the abdomen it seems only rational that the sooner this can be absorbed the less danger there is of its becoming infected, and it has been demonstrated that the natural flow of the lymphatic current toward the diaphragm can be hastened by the elevated pelvic position. Where this fluid is septic and the patient already suffering from the absorption, the elevation of the pelvis and the consequent rapid absorption of the septic fluids might overcome the patient and cause death. In such cases Fowler's position, elevation of the head of the bed, is indicated. *Am. Jour., of Obs. and Dis. of Women and Children*, Jan., 1910.

THE SO-CALLED MURPHY-FOWLER AFTER-TREATMENT OF APPENDICITIS.

S. Brown, Birmingham, Ala., *Surgery, Gynecology and Obstetrics*, December, 1909, claims that the good results of the Murphy-Fowler method are due neither to the elevated posture nor to proctoclysis, but to stomach-lavage and abstinence from food and purgatives as originally proposed by Ochsner. In the treatment of desperate cases of diffuse peritonitis Ochsner advised to "splint the bowel" with opiates, abstain from giving food and purgatives, and use stomach lavage. The common error has been to regard the paralysis of the bowel as a vicious complication; on the contrary it is nature's effort to limit and help encapsulate the infection. The upper, healthy portion of the bowel should be kept quiet until the inflamed part shows that the inflammation is subsiding by, of itself, inaugurating feeble motion. In other words, when the bowels show a tendency to move it is a sign that the inflammation is subsiding, *but we should not reason from this that forcing the bowels to move will cure the inflammation*. In 1904 Brown had already advocated the Ochsner treatment, which he proposed to render more effective by draining an abscess or removing the appendix, which continued to supply new sources of infection. By cutting out the source of infection, unless too great a supply of toxins has already reached the general system, we will cure the patient without drainage—and the Fowler posture is useful only when drainage is employed. The 46 degrees of elevation often causes a severe strain on the heart. Hypodermoclysis in bad cases is quicker in action than proctoclysis. Therefore, though the adoption of the Murphy-Fowler method has been a great boon to surgery, the explanation of its good results has not been understood. *Am. Jour. of Surgery*, Feby., 1910.

OBSTETRICS AND DISEASES OF CHILDREN.

Under the charge of D. J. EVANS, M.D., C.M., Lecturer on Obstetrics, Medical Faculty
McGill University, Montreal.

THE STRENGTH OF THE UTERINE SCAR AFTER CAESAREAN SECTION.

Doctors N. R. Mason, and J. T. Williams, in the *Boston Medical and Surgical Journal*, January, 1910, discuss this subject with the following purpose:—

1. To determine the strength of experimental scars in animals.
2. To discover what has happened in human females who have been subjected to Caesarean section and have later become pregnant again.
3. To investigate the reported cases of uterine rupture after Caesarean section, and to determine whether the rupture actually took place in the scar or elsewhere.
4. If any undoubted instances of rupture of the scar are found, to search for factors predisposing to it.

To test the strength of the scar in animals the author suspended weights to a piece of uterine wall containing a scar, until it broke and then sought to determine whether the rupture occurred at the site of the scar or in the muscle itself. Pregnant animals, chiefly guinea pigs and one cat, were used.

The abdomen was opened, the foeti removed after incision of the uterus and the wound closed with fine catgut suture passing through all layers of the uterine wall except the endometrium. Later the animals were killed after a suitable period of time had elapsed either by chloroform or by an intrapleural injection of strychnia.

Usually the site of the scar showed that portion of the uterine wall was slightly thinner than the rest.

The uterus was then split and the weights attached to it by clamps. Then the force was applied to the entire width of the section at right angles to the scar. In every case the muscle gave way first; and in one instance only the rupture extended secondarily into and along the scar while in another it passed through the scar at right angles to it. In two instances the animals were again pregnant and near term when the test was made.

The authors then conclude that the firmly-united scar is even stronger than uterine muscle.

With regard to human scars the authors made a detailed study of the literature and also of three cases which came under their observation of repeated Caesarean section in the same woman. Two patients went through labor uneventfully in spite of three Caesarean section scars in

the uterine wall, one other case in which the scar was not the result of Caesarean section stood the stress of delivery successfully. From literature there were reports of one hundred and forty-nine cicatrices which did not yield to the distension of full term pregnancy and thirty-two of these successfully stood the strain of labor.

Twenty-one cases of rupture of the uterus upon which Caesarean section with suture had previously been performed are recorded in four of the cases which are accurately reported the rupture was demonstrated to have taken place in the scar; and in the fifth case, along the edge of it. The other cases were so badly reported that it was impossible to draw any conclusions from their study.

The factors predisposing to rupture in the scar are supposed to be over distention of the uterus, weakening of the scar by the insertion of the placenta upon it, imperfect consolidation of the scar as a result of location of the incision, suture of the placental site, infection of the uterine wound, improper suture material, imperfect method of suture. These factors are discussed in detail.

With regard to suture material the preponderance of catgut sutured wounds among the cases of ruptured certainly is suggestive. They are inclined to think that it is not so much a question of the material used for suture as error in technique. The chief error is that of not including the whole of the uterine wound in the suture.

The author's conclusions are as follows:—

1. A carefully sutured and well-united scar will withstand any strain which can be endured by the uterine muscle.
2. Rupture of a Caesarean scar is always secondary to unusual weakness of the scar, dependent upon imperfect consolidation.
3. The most frequent cause of imperfect consolidation is placing the deep stitches too far apart, or not including the entire thickness of the uterine muscle.
4. Location of the incision and suture of the placental site probably do not affect the strength of the scar.
5. Infection, in certain instances, plays a very important part in causing weakness of the cicatrix.
6. Catgut as a suture material is open to the objection that there is at least a possibility of the stitches becoming untied, and that certainly more cases of rupture have occurred after its use than after the use of silk.
7. As a corollary to the foregoing conclusions, it seems evident that, given a uterus which has been sutured with care to include the entire thickness of the muscular portion of the wall in each stitch, and to place the deep stitches close together throughout the entire length of the incision, using silk or linen, and where there has been no evidence of

sepsis during the convalescence, such a uterus may be subjected with safety to distention by a full-term pregnancy, or even, in the absence of mechanical indications for Caesarean section, to the strain of labor itself.

THE MECHANISM AND TREATMENT OF PLACENTA PRAEVIÆ.

Dr. Henry Schwarz, in the *Buffalo Med. Jour.*, August, 1909, writes upon this topic.

It is a delightful thing to have the certainty of knowledge which seems to be the fortunate heritage of the author of this paper.

After speaking with absolute certainty as to the cause of placenta praevia, and as to the mechanism of the hemorrhage associated with it, he goes on to discuss the frequency of placenta praevia, and stated that one case in every five hundred is a fair estimate. One-fifth of the cases of placenta praevia are of the central variety, while three-fifths of the cases are of the partial variety; the marginal variety being the most infrequent.

The hemorrhage of placenta praevia is due to the action of uterine contraction, causing a stretching of the lower uterine segment leading to a separation of the ovum from the internal os.

He thinks that, as a rule, in placenta praevia disturbance of the placental respiration is insignificant. Placenta praevia implies considerable danger to the life of the mother, and still greater danger to the life of the child, and requires prompt treatment as soon as its existence is certain.

He asserts that the danger to the mother can be averted in every case, and also that the child should be delivered in nearly as good condition as it was at the beginning of labor. The hemorrhage, he believes, can be effectively controlled in every case by tampons applied to the cervix and vagina. Such tamponade frequently induces labor.

The author states that he has never performed version after the method of Braxton Hicks, and yet he also states that he is absolutely opposed to this method of treatment of placenta praevia. He refers to vaginal Caesarean section as having already "killed" a good many women whose lives should have been saved. He considers that there is absolutely no reason for the employment of forced dilatation or hydrostatic bags or of vaginal or abdominal Caesarean section, in fact, he states that the last operation is criminal.

He then takes up the recent papers of Henkel and Kroenig and criticizes them very adversely.

He considers that packing the uterus to control post partum hemorrhage is contrary to all reason, a statement which is evidence of the extraordinary wisdom of the redoubtable author.

He then proceeds by a series of cases to prove, to his own satisfaction, that placenta previa cases can be tamponed until dilatation of the cervix is complete without either infecting the case or destroying the entirety of the ovum.

Fifty cases have come under his observation. He has employed absorbent cotton squeezed out in a four per cent. solution of carbolic acid in tamponing these cases, though more recently he has found sterile gauze bandages quite satisfactory. The tampon should be removed every six or eight hours.

TREATMENT OF INFANTILE DIARRHOEAS DUE TO INTESTINAL FERMENTATION WITH LACTIC ACID BACILLI.

The author, Charles Hunter Dunn, *Jour. A. M. A.*, August, 1909, believes firmly in the distinction between infection with parasites which live in and on the tissues of the body, and those caused by bacterial infection with saprophytes which live on the intestinal contents.

He reserves the term "infectious diarrhoea" for those cases where there is true infection with parasites; while he terms those cases in which the fundamental factor is saprophytic fermentation "fermental diarrhoea." This distinction has the advantage of being in line with specific therapy. The infectious parasites giving rise to specific immune bodies may be combated by means of serotherapy, and vaccino-therapy. Saprophytic infection must be combated by other means.

Reference is then made to the work of Metchnikoff and Tissier, the latter dealing particularly with intestinal fermentation. Tissier's method of treatment of cases of fermental diarrhoea giving pure cultures of the lactic acid bacillus greatly impressed the author, who undertook to test his results.

He began his work in 1905 by making a study of the dejecta of infants suffering from diarrhoea. His results agreed with those obtained by Tissier.

The author's investigations have been carried out in the infant's hospital and Dr. Rotche's Hospital, in Boston. He selected buttermilk as a convenient vehicle for giving lactic acid bacilli, because he could introduce larger numbers of the organism by so doing, and thus combine medicine and food.

The cases in which the treatment was used were characterized by diarrhoea of sudden onset. Usually the first twenty-four or forty-eight

hours there was fever, subsequently the temperature remained normal. The cases tended to waste rapidly and the diarrhoea continued to be of a watery character.

The treatment was resorted to only after other methods had failed. This method of treatment was successful in twenty-three cases; partly so in three, and failed in two, out of thirty cases.

The author was encouraged to try this treatment in a large number of other cases and gives his statistics as follows:—

Out of 120 cases treated, 78 were successful; 12 partly successful, and in 30 cases no result was obtained. Twelve of these 120 cases were diagnosed as the irritative type of disease. Every one of these was numbered among the failures. Clinical results were often marked in that the stools, quickly evidenced of improvement.

Efforts were made to inoculate modified milk mixtures with lactic acid bacilli, but without satisfactory results.

It is to be noted that there are many different species of the lactic acid bacillus, and that all are not of equal value in combating fermentation and putrefaction. This the author has been able to confirm.

The physician is advised to prepare the milk in the following manner:—

He should first send for a bouillon culture of an efficient strain of the organism. The cream is removed as far as possible from the milk, and then the skimmed milk is inoculated with the lactic acid culture. The inoculated milk is then kept in a warm place until enough acidity develops to sour the milk or to produce a very fine curd, when the milk is set aside and kept on ice for use. Some of this milk is set aside each day, to be used as a culture for inoculating the next day's supply. Lactone tablets and similar products make excellent buttermilk for mere feeding purposes, but are not advisable when the purpose is to give as many as possible of the living bacilli.

In discussing this paper Dr. J. L. Morse, of Boston, stated that in the same hospital he had used the same milk ripened with the same strain of lactic acid bacillus, but he failed to obtain the same results as did Dr. Dunn, his experience being that the results from buttermilk and from milk mixtures ripened with the lactic acid bacillus are no better than those obtained from other milk mixtures of the same chemical composition, the results are the same whether the buttermilk is pasteurized or not.

TREATMENT OF PLACENTA PRAEVIA.

Dr. Henry Schuarz (*Buffalo Med. Jour.*, September, 1909), reports two cases of central placenta praevia which furnish the ideal condition for

Caesarean section, according to Kronig, Sellheim and Henkel, both cases, however, did very well under less heroic treatment.

In the first case hemorrhage occurred in the thirty-third week of pregnancy. She was kept in bed on a bland diet and given acidulated drinks. There was a little hemorrhage from time to time, but two weeks later the internal os permitted the placental tissue to be felt through the cervix and vagina where tamponed with sterile gauze; the tampon was changed five times within three days. The patient was then anæsthetized, the hand introduced into the vagina, the placenta peeled off from the left side of the uterus and extracted. The placenta was removed by Crede's method. The child weighed five and one-half pounds, was alive, and mother and child left the hospital in good condition on the eighteenth day.

In the second case, packing was employed on account of hemorrhage setting in in the eighth month of pregnancy. Packing was renewed four times in twenty-four hours. The foetal heart sounds failed before delivery, which was accomplished by means of version and immediate extraction. The child was said to show barely thirty-one weeks of development.

The author then quotes extensively from literature as to the conservative treatment of placenta previa. He argues strongly as to the efficiency of the cervical and vaginal tampon, and states that neither abdominal or vaginal Caesarean section are indicated in any form of placenta previa. Version after Braxton-Hicks should never be used in the case of a living viable child. Cervical and vaginal gauze tamponade constitutes, in the author's opinion, the best method for checking the hemorrhage and for provoking labor pains, as it enables one to preserve the entirety of the ovum until complete dilation is obtained when the child should be delivered by classical version.

PERSONAL AND NEWS ITEMS.

ONTARIO.

Dr. W. J. Clark, Toronto, was successfully operated on a short time ago for appendicitis.

Dr. W. K. Colbeck, of Welland, lost two children, a son and a daughter, from malignant scarlet fever in the early part of March.

The Provincial Government is making a grant of \$1,000 to each of the hospitals at Fort William and the Sault Ste. Marie.

The Canadian Medical Association meets this year in Toronto on the 1st, 2nd, 3rd and 4th of June.

A young lad, named John Taylor, died recently in the hospital in Hamilton of hydrophobia. He was bitten by his pet dog about five weeks prior to the commencement of his symptoms.

Hon. W. J. Hanna announced in the House that a permanent assistant physician at a salary of \$1,000 a year for the Woodstock Hospital for Epileptics.

In the new General Hospital for Toronto, the public beds will be allotted thus: Eye, Ear, Nose and Throat, 36; Gynæcology, 39; General Surgery, 145; General Medicine, 150; Emergency, 9; Obstetrics, 36.

The tenders for the addition to the Toronto Isolation Hospital were awarded recently. They total \$74,000. One portion of the building is to be used for diphtheria and another for measles. The present building will then be used solely for scarlet fever cases.

Mr. Charles Cockshutt, who died a short time ago in Toronto, left \$10,000 to the Hospital for Sick Children, Toronto; \$5,000 to the Evangelia Settlement in Toronto, and \$2,000 to the School for Poor Children in the County of Brant.

Professor W. S. Thayer, of Johns Hopkins Hospital, Baltimore, gave a lucid address before the Toronto Academy of Medicine on the functional heart murmurs. He was given a very hearty vote of thanks. His address was very highly appreciated by those present.

Dr. Hawke, 21 Wellesley Street, Toronto, makes a specialty of all disease of the lower bowel. Hemorrhoids (piles) successfully treated without an operation. Write for free booklet.—*The Globe*, Toronto, 5th March.

Fort William had a bill before the Ontario Legislature asking power to spend \$16,000 on an improved system of water works. This place has suffered severely from typhoid fever, and it is sought now to maintain the source of its water supply in a pure condition. The bill was approved of.

At a meeting of the hospital board for Hamilton, Chairman Billings tendered his resignation as a protest against the manner in which the mayor and controllers were treating the hospital board. They had appointed some one to investigate certain things about the hospital without first consulting the hospital board.

Dr. Walker, of Glencoe, was bitten by his own dog some time ago. He suspected that the dog was suffering from rabies and went to New York for treatment. The dog's brain was sent to Ottawa and a dog inoculated from it became rabid, proving that the animal which had

bitten Dr. Walker was also rabid. Dr. Walker has not shown any symptoms of the disease.

Arrangement were made at the Toronto General Hospital and Hospital for Sick Children for the treatment of persons who had been bitten by rabid animals. The cost for the treatment, apart from the hospital accommodation is \$25, which must be paid in advance. Notice must be sent to Dr. C. A. Hodgetts, secretary of the Provincial Board of Health.

Mrs. Elizabeth Chambers, widow of the late Capt. Chambers, of South Falls, has donated the Chambers' homestead, a very fine site of four acres, to the directors of the proposed new hospital, as a memorial to her late husband and son. The hospital authorities are to erect a marble tablet in the vestibule and pay the donor a life annuity of \$500. About \$8,000 so far has been subscribed towards the building fund.

A recent examination of the water taken at the intake of the conduit for the water supply of Toronto, gave this record:—"The sample of water taken at the intake on March 4 contained the highest number of bacteria of any of the samples procured the same day, 2,160, the other samples were pretty bad. In the shore crib sample there were 2,155 bacteria per cubic centimetre. At the manhole next to the tunnel the bacteria numbered 2,105. At the north end of the tunnel, the count was 1,975, and at the tap in the City Hall 1,985. The water is not fit to drink unless first boiled."

QUEBEC.

Dr. E. P. La Chapelle is the chairman of the Board of Health for the Province of Quebec.

The Montreal General Hospital has established a dental clinic. The patients in the hospital, and charity cases outside may have their teeth treated.

The Protestant Hospital for the Insane, Verdun, admitted 197 cases last year. Total number treated during the year was 783. Some means of caring for those who are discharged is urged by Dr. Burgess, the medical superintendent.

The next annual convocation for the conferring of medical degrees will be held in the new medical buildings of McGill. These buildings are nearly completed, and will be ready for opening soon. It is expected that many former graduates will visit the college on the occasion.

Dr. J. L. Todd, formerly of the McGill University, has been awarded the gold medal of the Liverpool School of Tropical Medicine for his work on the west coast of Africa.

From the Montreal *Medical Journal* we learn that 101 deaths recently occurred from typhoid fever. On the basis of values for lives that is a

loss of \$171,700. This, in the eyes of some, is of no moment, and there need be no excitement.

The water supply of Montreal is causing much agitation. The whole affair is one of money. Spend enough to secure a good filtration plant, and to send the intake pipes into pure water. Troubled and polluted springs do not afford a hallowed stream any more now than in bible days.

Professor Adami, Senator Forget, Archbishop Bruchesi have urged that the City of Montreal pay \$2.50 per week to any reliable institution that is willing to care for tubercular patients. It is contended that this is the only way in sight at present, as a special hospital would cost too much.

The Montreal Western Hospital held its annual meeting recently. The over-draft was \$10,883. There is a mortgage for \$40,000 against the property. The property is valued at \$210,739. The annual expenditure was \$50,386. The number of patients admitted during the year was 1,288, while the externe patients were 1,330. There were 73 deaths.

At the annual meeting of the Royal Victoria Hospital, Montreal, Sir Edward Clouston was elected president in place of Mr. R. B. Angus, resigned. Dr. Webster stated that 4,200 patients had been admitted during the year. The average stay of patients was 21 days. There were 276 deaths. In the outdoor there were treated 4,763 cases. The income was \$183,357, and the total disbursements \$199,679. This was partly made up from surplus account.

MARITIME PROVINCES.

Dr. L. M. Curren has been appointed to the position of commissioner of the hospital in St. John, N.B.

From the *Maritime Medical News* information is gathered that the Halifax Infirmary, which was started in 1886, has now grown to considerable dimensions. Last year over 500 patients were treated. It has a complete equipment of appliances.

There have been made recently some important changes in the Kentville Sanitarium. The attending physician, Dr. W. S. Woodworth, and the matron, Miss Elliott, both retire. Dr. A. F. Miller has been appointed resident medical officer. He has been for some time with Dr. Trudeau, at Saranac. He enters upon his duties well prepared and full of enthusiasm.

WESTERN PROVINCES.

The Manitoba Medical Association will meet this year on 26th, and 27th of May, in Winnipeg.

Dr. Brett, of Banff, Alberta, has gone to Vienna for a period to do post-graduate work.

Dr. E. S. Popham, of Winnipeg, has returned from his trip to Britain.

Some cases of trachoma have been discovered in various places in the West.

Dr. J. S. Mathieson and Dr. E. C. Beer have been elected president and secretary respectively of the Brandon Medical Society.

Dr. E. E. Meek has been appointed medical health officer of Regina. The salary is \$500 a year.

An agitation is raised to have medical representation on the board of management of the Regina Hospital. The medical men contend that an advisory medical board should be formed.

A Catholic hospital will be erected in Prince Albert, costing about \$100,000. Work will be commenced almost at once. It will accommodate 100 patients.

The Bureau of Health for Saskatchewan has decided to wage an active campaign against tuberculosis. Local leagues are to be formed. Dr. Seymour has charge of the work.

The Government of Saskatchewan has appointed a bureau of health. Dr. M. M. Seymour, Regina, has been selected as the commissioner of health. The council of public health is composed of Drs. W. J. McKay, Saskatoon; E. E. Meek, Medical Health Officer of Regina, and A. R. Turnbull, Medical Health Officer, Moose Jaw.

In Regina there has been quite a storm over a remark made at the meeting of the governors of the hospital. A medical member on the board is credited with saying, "that he took exception to such a large amount being spent in drugs, and he condemned the experimenting in the use of serum, which cost \$3 a dose." This led to a vigorous protest from the local branch of the British Medical Association, and the medical men of Regina, who held a special meeting to condemn the said remark.

FROM ABROAD.

Dr. McBride has retired from the Department of Ear and Throat work of the Royal Infirmary of Edinburgh.

Sir Charles Hayes Marriot, F.R.C.S., died at the age of 76 a few weeks ago. He was one of the best known surgeons in Leicestershire.

Professor William Krause, the distinguished anatomist of Berlin, died on 2nd February. He was a pupil of Hyrtl, Henle, and Ludwig.

Considerable progress is being made for the medical treatment of school children in London in districts where there is not adequate hospital accommodation. The estimated cost for the coming year is \$95,000.

In London the Public Health Committee has placed under examination many samples of milk. Since the act came into force the samples examined yield over 9 per cent., as being tuberculous.

A meeting was recently held in London to take steps to promote the interests of the 17th International Medical Congress, which is to be held in London in 1913. A strong advisory committee was appointed.

In France the overcrowded condition of the medical profession has given rise to the proposal that only such numbers should be allowed to study medicine as will meet the needs of the people.

The British Medical Association will meet this year in the buildings and associate colleges of the University of London. The date of meeting is July 26 to 29.

A very influential society for the prevention of malaria has been formed in the Transvaal. There are many fertile districts uninhabitable on account of malaria.

Professor Peter F. Lessgaft, of the Chair of Anatomy in the University of St. Petersburg, died a short time ago. By his death Russia loses one of her greatest teachers.

The population of Dublin and its suburbs is estimated at 398,356. The birth rate for 1909 was 28.6 per 1,000, the death rate was 20.9, and the infant mortality under one year was 143 per 1,000 born. In 1908 it was 149 and in 1907, 159.

In Dublin the Public Health Committee has decided not to put the compulsory notification of tuberculosis into effect, as there is no accommodation to which cases could be removed, and, consequently, notification would accomplish no good for the present.

In Edinburgh a very strong cremation society has been formed. Sir Henry D. Littlejohn, M.D., has been elected president. Sir A. K. Simpson, M.D., and several other leading scientists and ladies are on the committee of management.

The medical inspection of school children is making headway in Scotland. The education committee of the County Council of Inverness has agreed that two medical inspectors be engaged at a salary of \$1,250, increasing to \$1,500 each.

In Berlin much good work has been done on the prevention of tuberculosis. It has been shown that 40 per cent. of the consumptives dwell in one-roomed compartments, and in this way, in Berlin, 82,000 people are exposed to the infection in a very special way.

In India a marked progress has been made in the prevention of small-pox by a more thorough use of vaccination. A study of the conditions in India, and the good results from vaccination is such as should silence all objectors.

For several months the Paris Academy of Medicine has discussed the prophylaxis of typhoid fever. The difficulty arises, however, in knowing what to do with the typhoid fever carriers, who harbor in their systems of bacillus for years. It appears that the conclusion was that these must be neglected, as isolation would be impossible.

The International Commission on the Control of Tuberculosis Among Domestic Animals held a meeting recently in Detroit. It will meet again in Ottawa on 19th May. The aim of the commission is to report on some system of uniform laws for Canada and the United States that will aid in the control of tuberculosis among animals.

The rapid growth of the objection to vaccination throughout Great Britain is shown by the latest statistics. In the year 1906 925,338 births were registered and the certificates of declarations of conscientious objections to vaccination numbered 52,391, or 5.6 per cent. In 1907 the certificates of objection amounted to 6.2 per cent. of births and in 1908 to 17.2 per cent. In the first six months of last year, 1909, they reached 18 per cent.

According to advices received from Chicago the American Medical Association has placed four Canadian Medical Colleges, McGill, Toronto, Queens and Manitoba, in class A. Some time ago Dr. Coldwell, secretary of the Educational Committee of the Association, and Mr. Flexner, representing the Carnegie Institute and Foundation, visited the medical schools in the United States and Canada with a view of preparing public reports so that the licensing boards of the various States and Provinces might know exactly the kind of work each school is doing.

OBITUARY.

ARTHUR A. BROWNE, M.D.

Dr. Arthur Browne, of Montreal, was born in the Eastern Townships in 1848. He was descended from an Irish and military family. He graduated in 1866 from McGill as B.A. He entered upon the study of medicine and graduated in 1872, the same year as Dr. William Osler, his intimate friend. In 1883 he succeeded Professor Duncan McCallum in the chair of obstetrics in McGill, but resigned in three years, owing to the demands of his practice upon his time. He was a staunch friend of McGill University. He was a very well read man, and highly esteemed by his patients, as a man of the finest character and attainments. He leaves a widow, three sons and one daughter.

B. S. KERR, M.D.

Dr. Bernard Sheridan Kerr died at his home, 21 Hambly Avenue, Toronto, March 2nd, where he had lived retired for some time. Deceased was 73 years old. Messrs. John, of the staff of *The Vancouver Daily Province*; David, of the City Solicitor's office, and James, of Toronto, are sons of deceased. Miss Kerr, of public school teaching staff, is a daughter. The funeral, which was private, took place to St. John's Cemetery, Norway.

GEORGE C. McINTYRE, M.D.

Dr. McIntyre died on 6th March, in the Royal Victoria Hospital, Montreal. He was from St. Mary's, Ont., and had been a long time ill. He was a son of G. H. McIntyre, M.D., deputy speaker of the House of Commons.

BOOK REVIEWS.

QUAIN'S ANATOMY.

Elements of Anatomy. Edited by E. A. Schäfer, Lt.D., Sc.D., F.R.S., Professor of Physiology and Histology, University of Edinburgh; Johnson Symington, M.D., F.R.S., Professor of Anatomy in the Queen's University of Belfast; and Thomas E. Bryce, M.A., M.D., Professor of Anatomy in the University of Glasgow. In four volumes. Vol. III., *Neurology*--Part II. by Profs. Schäfer and Symington, containing the descriptive Anatomy of the Peripheral Nerves and of the Organs of Special Sense. With numerous illustrations, many in colors, and one plate. Eleventh edition. Longmans, Green & Co., London, New York, Bombay and Calcutta. Montreal: Renouf Publishing Co., 61 Union Avenue. Price, 15 shillings net.

Quain's Anatomy needs no recommendation from any pen. For many a long year it has stood the test of the closest scrutiny and criticism and has only become all the better thereby. It has been in the hands of the foremost teachers and the most careful of students, and has had every line and illustration tested. It may be said that the work is as nearly perfect as any human work can be made. Those who are now editing the various volumes are authorities of the highest standing in their subjects. Part II. of Vol. III. deals with the peripheral nerves and the sense organs. This is one of the most difficult sections of anatomy. It is a pleasure, therefore, to review such a work as this. We do not take time to go over the work chapter by chapter and emphasize the fact that it is a work of great accuracy. This would only be stating what is universally admitted. A few of the features of the book

may be mentioned for the benefit of our readers. The paper is thin and of unusually good quality. This brings out the illustrations and typography to the best advantage. In the arrangement of the text the contents of the paragraphs are indicated by heavy faced type and the contents of the subordinate paragraphs by italics. This renders the perusal of the book much easier than it otherwise would be. The illustrations, both plain and in colors, are works of art in every sense of the word. The definition is excellent. The most minute structure can be traced throughout its entire course; and the perspective is all that could be desired. The illustrations are not mere surface things; they give the eye the true impression of the anatomical relationship of the parts. The illustrations are taken from the best sources. The editors and publishers deserve much credit for their efforts in giving the profession such an excellent work on anatomy. One could almost wish that a work so superior would become the sole standard on the subject of anatomy, and find a place in the library of every student and doctor.

DR. MONELL ON HIGH-FREQUENCY, ETC.

High Frequency Electric Currents in Medicine and Dentistry: Their Nature, Actions and Simplified Uses in External Treatments. By S. H. Monell, M.D., Finely illustrated with special instruction plates. 8vo, 448 pages, extra cloth, price \$4.00 net. Published by William R. Jenkins Co., 851-853 Sixth Avenue, New York.

A wonder book of simple things. Interest begins at once in the first chapter, in which electricity and its mysteries are defined. This particularly is conspicuous in the section, "Life Phenomena and Electricity," which tells what science has found out about how nature works in the human body, all explained in the most interesting manner. Then follow two chapters on *Physiologic-Medical Properties of High-Frequency Currents*, including a wonderful mass of convincing facts. And the section following these chapters concerning what others are doing with high-frequency currents will prove astonishing. Word pictures of treatment follow, and then twenty of the most absorbing chapters teaching in detail the advancement in treatment of various stages of diseases in which high-frequency currents can be made of benefit to patients. Every one of these twenty chapters is built on the physiologic foundation of the preceding sections.

"High-Frequency Currents in Medicine and Dentistry" was written to assist the progressive surgeon, physician and dentist, and for all who have electricity in their homes. The use of high-frequency currents has been made a household necessity as well as a medical and surgical boon.

It is quite impossible to give an adequate idea of the extent of ground covered by this book in the space at our disposal. Chapter by chapter as one reads on the interest grows. There are no dull places. The value of high-frequency currents in the treatment of disease can only be gathered by reading the book. It is really worth reading.

GRAIN ITCH.

Acaro-Dermatitis Neticarioides, a study of a new disease in this country. By Jay Frank Schamberg, M.D., Philadelphia. The Grafton Press, 70 Fifth Avenue, New York.

This pamphlet is well illustrated and very interesting. The author has given this new dermatitis close study, and concludes that it is caused by a mite on the grain and straw. These cause an inflammation of the skin of an urticarial character. This form of grain itch is widely spread in many countries. The writer finds that *belanophthol*, grs. XXX; sulphur praecif. grs. XL; and *adifis benzoat*, one ounce, make a useful application.

GENITO-URINARY SURGEONS.

Transactions of the American Association of Genito-Urinary Surgeons 22nd Annual Meeting held at the Homestead, Hot Springs, Virginia, May 1st and 2nd, 1908; Vol. III.; and 23rd Annual Meeting held at Hotel Montanesca, Mount Pocono, Pennsylvania, May 31st and June 1st, 1909; Vol. IV. Published for the Society by the Grafton Press, 70 Fifth Avenue, New York.

These two volumes contain a number of excellent papers on the various portions of Genito-Urinary Surgery. The illustrations are good and aid the text in making clear what is often difficult of explanation. This society is doing excellent work.

EMERGENCY SURGERY.

For the General Practitioner. By John W. Sluss, A.M., M.D., Professor of Anatomy, Indiana University School of Medicine; formerly Professor of Anatomy and Clinical Surgery, Medical College of Indiana; Surgeon to the Indianapolis City Hospital; Surgeon to the City Dispensary; Member of the National Association of Military Surgeons. Second edition, revised and enlarged, with 605 illustrations, some of which are in colors. Philadelphia: P. Blakistons, Sons & Company, 1012 Walnut Street, 1910. Price, \$3.50 net.

It would be very faint praise, indeed, to say that this is a thoroughly good book. It is so compact and yet so complete that it is a real treat

to read it. The whole field of emergency surgery, and the operations of surgery are given in condensed but in practical form. The type is very clear, and the paper excellent. The illustrations are numerous and well chosen to make clear what the author has in mind and wishes to teach. We have examined this book carefully and find that the latest and best methods are given throughout. To offer any suggestions would only have the effect of enlarging the book, as there is nothing that could be omitted. We are well pleased with the book, and recommend it to our readers as calculated to give perfect satisfaction.

PROGRESSIVE MEDICINE.

A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D., and H. R. M. Landis, M.D. March, 1910. Lea and Febiger, Philadelphia and New York. \$6 per year in paper cover.

The contributors to this volume are Lloyd Crandall, Arthur B. Duel, Charles H. Frazier, D. Braden Kyle, and John Ruhräh. The subjects discussed are Surgery of the Head, Neck and Thorax; Infectious Diseases; Diseases of Children; Rhinology and Laryngology and Otology. This volume is quite up to the high standard of the long series that have already appeared. We can recommend this work in unqualified terms.

VACCINATION IN ITS RELATION TO ANIMAL EXPERIMENTATION.

This pamphlet is from the Press of the American Medical Association. It quotes the words of Charles W. Eliot, lately President of Harvard University, to the effect that "the University which would prevent human suffering is a deeper and truer humanity than the humanity which would save pain or death to animals." This pamphlet was prepared by in defence of medical research by Dr. Jay Frank Schamberg, of Philadelphia. The case made out is an unanswerably strong one in favor of the value of vaccination. The price is 8 cents. It is well worth reading.

CORRESPONDENCE.

SOME INTERESTING CORRESPONDENCE REGARDING THE
MEDICAL COUNCIL.

The Medical Council had decided to ask for some amendments to the Ontario Medical Act. It was felt that every duly qualified practitioner should be made fully aware of what these amendments sought to accomplish. With this object in view, the officials of the Medical Council were applied to for information.

There had been some very unpleasant rumours as to some portions of the Council's expenditures, and information was sought on this matter with the view of setting these at rest if they were ill founded. The letters asking for the information, and the replies are here given in full.

In the first place, the Treasurer, Dr. W. Wilberforce Aikens, was probably correct in declining to give us the information asked for in the letter to him. But it should not have been necessary to ask for it, and, consequently he would have found it unnecessary to refuse. The Announcement is large enough now so that an extra page would not have mattered much, and then every practitioner would have the information. If the Announcement had contained fewer speeches and more detail about the finances, it would be both smaller and more useful. The Announcement in printing and stenographic reports cost \$850, much of this is pure waste. The speeches might well have been left out. What the profession wish is to get the facts. Give the resolutions and who voted for them, and the fullest details of the finances. The members of the profession will judge for themselves as to the merit of the resolutions; but let them know how the members of the Council voted.

Coming to Dr. John L. Bray's letter there is something rather severe to be said. He had no right to assume that in asking for a copy of the proposed amendments to the Medical Act, the object was "to prejudice their case." When the Announcement comes out every registered practitioner will receive a copy. Why not get the Announcement out at once, so that they may know what is proposed in order that they might be able to make up their minds how to act? "The College of Physicians and Surgeons" means the registered medical practitioners, and not the Medical Council. The sooner the Medical Council learns that it is the servant of the medical profession the sooner will things begin to run smoothly. The Registrar stated that "the Announcement is not out and the stenographer has not yet completed his report of the last meeting." It would take the stenographer only a few minutes to look up the resolutions in his notes. But the Medical Council preferred to send the

executive up to the Legislaturc and ask for certain amendments and yet not inform the members of the medical profession who are vitally interested in these amendments.

Now, turn to Dr. E. A. P. Hardy's letter. To see the resolutions one must go to the Registrar's office and inspect the stenographer's report of the meeting. But this could not be done as it was not ready. It is now a long time since the special meeting, and very important amendments were being sought. Why keep the medical practitioners in the dark? The committee entrusted with this work seems to have been very tardy, and left practically no time for any one to get the facts and master their meaning.

Dr. Hardy's answer in reply to the request for the details of the expenditures to the members of the Medical Council, is not at all satisfactory to the writer, however it may appear to others. The Council is in the position of a trustee, the members of the medical profession are the shareholders. If the Council will not give a full financial statement in its Announcement, then it must be prepared to give such to any practitioner who asks it. The writer does not care to be sent in a round about way through the representative of his district.

Please read the letters carefully.—Editor CANADA LANCET.

TORONTO, Jan. 28th, 1910.

DR. H. WILBERFORCE AIKINS,

Treasurer College Physicians and Surgeons, City.

DEAR SIR,—I am taking the liberty of asking you for the disbursements made to the various members of the Medical Council during the past four years. Be good enough to let me know how much of the said disbursements is for travelling expenses, and how much for per diem. The Treasurer's statement in the Announcement to the Medical Council does not give this information in detail, and I desire to have the information at a very early date, as certain amendments to the Medical Act will come up in the near future at the Legislature.

Hoping to have an early reply,

I am, yours faithfully.

Signed. JOHN FERGUSON.

264 Church St., January 31st, 1910.

MY DEAR DR. FERGUSON,—I am to-day in receipt of your communication of the 29th inst., asking for certain detailed information, in con-

nection with disbursements made to members of the Council of the College of Physicians and Surgeons of Ontario, of which honorable body I am Treasurer.

As you are aware, the relations subsisting between you and myself in the past fully warrant the belief, that I would not for any personal reason withhold from you information, which I might, in my official capacity as Treasurer of this body, be in a position to afford.

Respect for established usage, however, compels me to divorce the personal from the official, and constrains me to ask you to submit your request to the President of the Council, from whom it will, I feel satisfied, receive distinguished consideration.

The President of the Council is Dr. E. A. P. Hardy; his address 621 Spadina Avenue.

As soon as I shall have received from him instruction to give you the information in question, I shall let you have the same as early as I can.

Faithfully,

Signed. H. WILBERFORCE AIKINS.

TORONTO, Jan. 28th, 1910.

DR. JOHN L. BRAY,
Registrar, College Physicians and Surgeons,
Simcoe Street, City.

DEAR SIR,—I am writing you to-day to ask you for a copy of the three resolutions passed at the recent meeting of the Medical Council, looking towards certain amendments of the Medical Act. I understand that the Council purposes seeking an amendment to enable the Executive Committee to take initiative action against practitioners against whom there may be any information of infamous or disgraceful conduct in a professional respect, and also for the creation of certain new territorial districts, and thirdly, to make clear a certain section of the Act whereby a teacher in one college cannot represent another college on the Council.

You will also be good enough to give me the names of those voting for and against these various resolutions. I am asking for this information at the present moment, as the Announcement will not be published in time to meet my purposes, and as the bill will come before the Legislature at an early date, I wish to be in possession of the accurate information to enable me to deal properly with this matter.

Yours faithfully,

Signed. JOHN FERGUSON.

TORONTO, January 31st, 1910.

DR. JOHN FERGUSON,
THE CANADA LANCET, Toronto.

DEAR DOCTOR,—I am very sorry that I cannot give you the information you desire. The Legislative Committee are to approach the Legislature for certain amendments and it would be unfair to them to prejudice their case. Again the amendment is not out and the stenographer has not yet completed his report of the last meeting, so that I am not in a position to give you anything until I get his report. I am very sorry, as I would like to oblige you if possible.

Yours faithfully,
Signed. JOHN L. BRAY.
Registrar.

February 9th, 1910.

DR. E. A. PATRICK HARDY,
President, College Physicians and Surgeons,
621 Spadina Avenue, City.

DEAR SIR,—On January 31st, ult., I wrote to Dr. J. L. Bray, Registrar of the College of Physicians and Surgeons, asking him for a copy of the resolutions passed at the recent meeting of the Medical Council, dealing with amendments to the Medical Act, which it is proposed to try to secure at this session of the Legislature. In reply to that request, I was informed by Dr. Bray that he regretted he could not furnish me with the information required, stating among other things in his letter, that it would be unfair to them to prejudice their case, and also that the amendments were not out, and the stenographer had not completed his report of the meeting. I am writing you to-day to ask you to instruct Dr. Bray to furnish me with the information, which I sought in my letter of January 31st.

On the same date, I also wrote to Dr. H. Wilberforce Aikins, Treasurer of the College of Physicians and Surgeons, asking him for the amounts that had been paid for travelling expenses and per diem allowance to the various members of the Medical Council during the past year. In reply he stated that he could not furnish the information, but referred me to you, stating that you might see your way clear to instruct him to furnish me with the details of the account of each member of the Council. I notice by the proceedings of the Medical Council, which I have in my possession, that Dr. Gibson made the statement that the Treasurer's books were open to the inspection of any member of the Council, and Dr. McCallum asked if this would not also apply to any registered practitioner. I am one of those who hold that I am

entitled to all such information, and I am asking you now for your authority to get the same.

Believe me, yours faithfully,
Signed. JOHN FERGUSON.

TORONTO, February 10, 1910.

JOHN FERGUSON, ESQ., M.D.,
Editor THE CANADA LANCET.

DEAR SIR,—I am just in receipt of yours of February 9th, and in reply beg to state that the only official report of the last special session is the stenographer's report and that this has not, as yet, come into our hands. I spoke to the Registrar on Wednesday, and asked him to urge the speedy completion of the report. As soon as the Registrar receives this copy any member of the College is entirely at liberty to see and read it in the Registrar's office. For purposes of economy we have only one copy struck off, which later is embodied in the annual announcement.

At the time you wrote to Dr. Bray he had no idea what amendments would be asked for from the House, as the committee had not met. However, we have had one meeting since and are getting these amendments in shape, and expect within a few days to present them to the Clerk of the House. When it is printed you may obtain copies from him, if you so desire. Only one typewritten copy will be supplied to the College for the same reason as given above. At present it is not possible for the Registrar to give you the information you seek as the committee has not completed its work. In reference to your letter to the Treasurer, if your request should be granted every other member of the College might desire similar information, and you can readily see that the small staff employed by the Council could not possibly accomplish so much work. New officials would have to be employed and the expenses of the College many times increased. Your rights as a member of the College are the same as those of all other members, neither more nor less. I would suggest that you ask your territorial representative, Dr. Hart, to go to the Treasurer's office and make out the list that you require and later on report to you. Such a list, or any other items, can always be obtained by the asking at the Council meetings, when all the books are in the same building. At present they are divided between the Registrar's and Treasurer's offices. Later on we hope to have a better system introduced, and are now working to that end in view.

Under the circumstances I cannot see that it is my duty or my right to grant the requests that you have made upon me, for the two

reasons given above, viz., the impossibility of the Registrar giving you the information that no one as yet knows officially and positively, and the probable great and overwhelming amount of work that would be thrown on the Treasurer's department, which at present we have not means sufficient to provide for.

Trusting that these reasons will be satisfactory and with kind regards.

Believe me, yours faithfully,

Signed. E. A. P. HARDY.

P.S.—I have asked the Treasurer to give Dr. Hart all the help he can.

MISCELLANEOUS.

AN ACT TO AMEND THE ONTARIO MEDICAL ACT (DR. PRESTON).

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. This Act may be cited as *The Ontario Medical Amendment Act, 1910.*

2. Clause (a) of subsection (1) of section 6 of *The Ontario Medical Act* is hereby amended by striking out that portion thereof following the word "surgery" where it occurs in the eleventh line of the said clause, and by substitution in lieu thereof the following:

"Provided that every University, College or body so represented shall maintain to the satisfaction of the College of Physicians and Surgeons of Ontario a medical faculty actively engaged in teaching in connection therewith."

3.—(1) Subsection 2 of section 33 of the said Act is hereby amended by inserting after the word "council" where it occurs in the first line of the said subsection the following, "or the executive committee."

(2) The said subsection 2 of section 33 of the said Act is also amended by inserting after the word "conduct" where it occurs in the sixth line of the said subsection the words "the council."

(3) The said section 33 is also amended by adding thereto the following subsection as subsection 4 thereof:

"Upon receipt of proof of the finding or decision of any court of record of this Province civil or criminal, that a criminal offence has been committed in connection with the practice of his profession by any registered medical practitioner the registrar shall immediately erase from the register the name of such practitioner."

4. Section 35 of the said Act is hereby amended by adding thereto the following subsection as subsection 6 thereof.

"The notice required by the preceding subsection shall be deemed to have been duly served in accordance with the provisions thereof if sent by registered mail, prepaid, to the address of the person required to be served, as last entered upon the register."

5. Schedule "A" of the said Act is hereby struck out, and in lieu thereof the schedule to this Act is submitted as schedule "A" of the said Act.

SCHEDULE "A."

(Sections 6 and 16.)

TERRITORIAL DIVISIONS.

1. Counties of Essex, Kent and Lambton.
2. Counties of Elgin, Norfolk and Oxford.
3. County of Middlesex.
4. Counties of Huron and Perth.
5. Counties of Waterloo and Wellington.
6. Counties of Bruce, Grey, Dufferin and Simcoe.
7. Counties of Wentworth, Halton and Peel.
8. Counties of Lincoln, Welland, Haldimand and Brant.
9. Districts of Parry Sound, Nipissing, Algoma, Manitoulin.
10. Thunder Bay and Rainy River.
11. That part of the City of Toronto lying east of Yonge Street.
12. That part of the City of Toronto lying west of Yonge Street.
13. Counties of Ontario, Victoria and York, exclusive of Toronto, and the District of Muskoka.
14. Counties of Northumberland, Peterborough, Durham and Haliburton.
15. Counties of Prince Edward, Hastings and Lennox.
16. Counties of Frontenac, Addington and Renfrew.
17. Counties of Leeds, Grenville, Dundas and Stormont.
18. Counties of Chatham, Russell, Prescott, Glengarry and Lanark.

NOTE. This bill was approved of by the special committee, and passed by the Legislature, except the amendment in clause 2.

AN ACT TO PREVENT THE SPREAD OF PULMONARY AND OTHER FORMS OF TUBERCULOSIS (MR. J. P. DOWNEY).

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. This Act may be cited as *The Tuberculosis Prevention Act, 1910.*

INTERPRETATION.

2. In this Act:

(a) "Local Board" shall mean the Board of Health of a municipality;

(b) "Tuberculosis" shall mean pulmonary or other forms of tuberculosis;

(c) "Secretary" shall mean Secretary of Provincial Board of Health;

(d) "Provincial Board" shall mean Provincial Board of Health;

(e) "Local Municipality" shall mean city, town, village or township;

(f) "Prescribed Form" shall mean prescribed by the regulations made under this Act by the Provincial Board of Health, and approved by the Lieutenant-Governor in Council.

REGULATIONS.

3. The Provincial Board of Health may make regulations prescribing forms to be used and the procedure to be adopted in carrying out the provisions of this Act, but such regulations shall not come into force or take effect until approved of by the Lieutenant-Governor in Council.

NOTIFICATION AND TREATMENT IN CASES OF TUBERCULOSIS.

4.—(1) Every duly qualified medical practitioner who becomes aware that any person attended by him is suffering from or is suspected of suffering from tuberculosis shall immediately give notice in the prescribed form to the Medical Health Officer for the local municipality in which such person resides.

(2) The superintendent or other person in charge of any hospital, dispensary, prison, asylum, reformatory, home, house of refuge, or hotel, who becomes aware that any person residing in any of the aforesaid place or places is suffering from tuberculosis shall immediately give notice in writing to the Medical Health Officer of the municipality where such institution is situated.

(3) Any Bacteriologist of the Provincial Board of Health shall make or cause to be made at all times when so requested by a medical practitioner or local health officer an examination of the sputum of any person suffering from or suspected of suffering from tuberculosis.

(4) The Medical Health Officer shall enter in a book to be kept for that purpose in the prescribed form, the particulars contained in the notice and shall further make a report of all cases so reported to him to the Secretary of the Provincial Board of Health.

(5) The Medical Health Officer shall also keep in his office a map of the municipality and shall mark thereon the farm, lot, street, or other place where the case of tuberculosis or suspected tuberculosis occurred,

and shall also make a further distinguishing mark when the death of a patient is reported to him.

(6) Immediately on receipt of a notice the Secretary of the Provincial Board of Health shall mail to the address of such patient such instructions for the care and prevention of the disease as may from time to time be authorized by the Provincial Board of Health.

5.—(1) The Local Board of Health or Medical Health Officer shall maintain whatever supervision they may deem necessary over the case, and if in their opinion the health of others dwelling in the same house or in personal contact with the patient is threatened they shall order the removal of the patient to a hospital sanatorium.

(2) In case of an indigent patient whose removal has been so ordered, the expense of such removal and the cost of maintenance of such patient shall be paid by the municipality where the patient has had his usual place of abode, and if the patient has no permanent place of residence, or his usual place of abode cannot be ascertained, then the total cost of his removal and maintenance shall be paid by the municipality whose Medical Health Officer or local Board of Health has ordered such removal.

(3) In the case of unorganized districts the provisions of this Act as applying to municipalities shall be enforced and carried out under and by order of the Provincial Board of Health.

(4) In case of death, removal or recovery of a person suffering from tuberculosis it shall be the duty of the Medical Health Officer to provide that the residence of such patient shall, immediately after his or her interment, removal or recovery, be thoroughly and efficiently disinfected at the cost of the municipality before any person is allowed to occupy such residence.

6. All information furnished to the Medical Health Officer or Local Board and the entries made by the Medical Health Officer and all subsequent reports furnished with respect to any case or suspected cases of tuberculosis, shall, as far as possible, be treated confidentially, and all persons having official knowledge of the case shall not disclose any of the particulars to any person except as authorized by this Act, or by regulations made thereunder by the Provincial Board of Health.

7.—(1) In case any person is infected with tuberculosis the Medical Health Officer or Local Board of Health of any municipality shall make effective provision in the manner which to them seems best for the public safety by removal of such persons to a separate house or by otherwise isolating such person by providing nurses and other assistance and necessaries for him at his own cost and charge or at the cost and charge of his parents, or other persons or persons liable for his support, if able to pay same, otherwise at the cost and charge of the municipality.

(2) The treasurer of the municipality shall forthwith, upon demand, pay out of any moneys of the municipality in his hands the amount of any order given by the members of the local Board of Health or any two of them for services performed and expenses incurred under their direction by virtue of this Act.

8. Such patient, or those in charge of such patient, shall on removal or change of residence immediately report such change of residence to the local Medical Health Officer of the municipality in which such change occurs, and in case any person affected with tuberculosis shall remove from one municipality to another municipality, he or she shall at once notify the Medical Health Officer of both municipalities of such removal.

PENALTIES.

9.—(1) A person who neglects or refuses to perform any duty required of him by this Act, or by any regulation made thereunder, shall incur a penalty of not less than \$5 nor more than \$20, to be recoverable, with costs, in the manner provided by *The Ontario Summary Convictions Act*.

(2) A person who, without lawful authority, discloses information received with respect to any patient under this Act, shall incur a penalty of not less than \$5 nor more than \$20, to be recoverable, with costs, in the manner provided by *The Ontario Summary Convictions Act*.

(3) After the expiration of one month from the conviction of any person for an offence against this Act no plea of previous conviction shall be sufficient defence against any complaint which may then be brought against the same or any other person for non-compliance with this Act.

NOTE. This bill was withdrawn at the request of the Premier.

AN ACT TO PREVENT PROCREATION BY CONFIRMED CRIMINALS, IDIOTS, IMBECILES AND RAPISTS (DR. FORBES GODFREY).

Whereas heredity plays a most important part in the transmission of criminal instincts;

Therefore His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. The governing body of every institution in which confirmed criminals, idiots, imbeciles and rapists may be confined, in addition to the regular institutional physician shall appoint two skilled surgeons of recognized ability whose duty it shall be in conjunction with the chief physician of the institution to examine such inmates as may be recommended by the chief physician as to their mental and physical condition.

2. If in the judgment of such surgeons procreation by any inmate is not advisable and there is no probability of improving his mental condition, the surgeons may perform such operation on the inmate for the prevention of procreation as they shall deem most safe and effectual.

3. For every consultation as to the condition of an inmate of any such institution the surgeons concerned shall be entitled to a fee of not more than \$3, to be payable out of the funds appropriated for the maintenance of the institution.

NOTE. This bill was withdrawn at the request of the Premier.

AN ACT TO AMEND THE ONTARIO MEDICAL ACT (DR. JESSOP).

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. Notwithstanding anything contained in *The Ontario Medical Act*, the non-payment of any annual or other fee which may be imposed under the said Act shall not disentitle the practitioner liable therefor from practising his profession, nor shall he be liable, if otherwise qualified; to the penalties imposed by section 49 of *The Ontario Medical Act*.

This was withdrawn.

PROPOSED BILL TO INCORPORATE THE OSTEOPATHIC COLLEGE OF ONTARIO.

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enact as follows:—

1. Robert B. Henderson, Edgar D. Heist, Mary Lewis Heist, William F. Hilliard, W. O. Lewis, Harry E. Sinden, George Wenig, James S. Bach, Campbell Black, Georgene W. Allen Cook, Jessie M. Coons, Harriet Crysler, W. G. Durnan, Hubert C. Jaquith, Janet M. Kerr, F. P. Millard, Adelyn K. Pigott, J. A. E. Reesor, Frederic Schilling, and others, members of the Ontario Association of Osteopathy, shall be, and they are hereby created, a body corporate and politic by the name of the Osteopathic College of Ontario, having perpetual succession and a common seal, with power to acquire, hold and dispose of chattel property and real estate for the purposes of this Act, and to sue and be sued in the manner usual with such corporations.

2. Every person hereafter registered under the provisions of this Act shall also be a member of the said College.

3. There shall be a Council of the said College, composed of five duly registered members, to be elected in the manner hereinafter provided, and hereinafter referred to as "the Council."

4. The members of the Council shall be elected for a period of five years, and one member thereof shall retire annually, but any member may resign his appointment at any time by letter addressed to the Registrar of the Council, and upon the death or resignation of any member of the Council the vacancy may be filled by the remaining members thereof.

5. All the members of the said College shall be entitled to vote upon the election of any member of the Council, and the manner of holding such election shall, with respect to the time thereof and the taking votes therefor, be determined by by-law to be passed by the Council, and in default of such by-law being made, then the Lieutenant-Governor shall prescribe the time and manner of holding such election.

6. The first members of the Council shall be Robert Benjamin Henderson, James S. Bach, Edgar D. Heist, A. Gordon Walmsley and William F. Hilliard, of whom the first named shall hold office for five years, the second for four years, the third for three years, the fourth for two years, and the fifth for one year.

7. The persons entitled to vote under this Act at any election shall all be duly registered practitioners.

8. The Council may make rules and regulations as to the times and places of meetings of the Council. In the event of the absence of the president from any meeting, the vice-president, or, in his absence, some other member to be chosen from among the members present, shall act as president.

9. All the acts of the Council shall be decided by the majority of the members present, not being less than three in number.

10. At all meetings the president shall have a casting vote.

11. The Council shall annually appoint a president, vice-president, registrar, treasurer, and such other officers as may from time to time be necessary for giving effect to this Act, who shall hold office during the pleasure of the Council. Any one or more of the said offices may be held by one person, and the Council shall have power to fix by by-law, from time to time, the salaries or fees to be paid to such officers.

12. Until an Osteopathic College for teaching purposes shall be established in Ontario, every person desirous of being registered shall pass the Junior Matriculation or High School Leaving Examination established by the Department of Education, and shall present to the Council evidence upon affidavit of having completed a course with personal attendance of not less than four terms of five months each, or if such course shall have been completed after 1908, three terms of not less than nine months each in three separate years, or, if such course shall

have been completed after 1913, of four terms of not less than eight months each in four separate years, in some School or College of Osteopathy in the opinion of the Council of good repute as such at the time of the granting of the diploma or certificate of graduation, together with the diploma of the candidate as a graduate of such School or College.

13. Graduates in Arts of any University in His Majesty's Dominions shall not be required to pass the said examination.

14. Every person desirous of being registered under the provisions of this Act shall, before being entitled to registration, present himself before the Board of Examiners mentioned in section fifteen, for examination as to his knowledge and skill for the efficient practice of Osteopathy.

15. At the annual meeting of the Council in each year there shall be elected by the members of the Council a Board of Examiners, whose duty it shall be to examine at least once in each year all candidates for registration in accordance with the by-laws, rules and regulations of the Council, such examinations to be held at Toronto, and such other places, at such times and in such manner as the Council may by by-law provide.

16. The Council shall cause to be kept by the registrar a book or register, in which shall be entered the name of every person registered according to the provisions of this Act; and from time to time the names of all persons who have complied with the enactments hereinafter contained, and with the rules and regulations made or to be made by the Council respecting the qualifications to be required from Practitioners of Osteopathy in this Province; and those persons only whose names are inscribed in the book or register above mentioned shall be deemed to be qualified and licensed to practise Osteopathy in this Province, and such book or register shall at all times be open and subject to inspection by any person.

17. The registrar shall keep the register correct and in accordance with this Act, and the orders and regulations of the Council, and shall erase the names of all registered persons who shall have died, and he shall from time to time make the necessary alterations in the addresses and qualifications of the persons registered under this Act, and to enable the registrar duly to fulfil the duties imposed upon him he may write a letter to any registered person, addressed to such person according to his address on the register, for the purpose of enquiring whether such person has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the mailing thereof the registrar may erase the name of such person from the register; Provided always that such name shall be restored to the register on compliance with the provisions of this Act.

18. Any person who was actually practising Osteopathy in Ontario prior to the 1st of January, 1910, and who has attended the courses

prescribed by section 12 hereof shall, upon such proof as the Council may require, and upon submitting his diploma or certificate and without passing the examination provided for by section 14, be entitled to registration under this Act.

19. Every person desirous of being registered under the provisions of this Act shall, before being entitled to registration, make application in writing on such form as may be prescribed by the Council, showing his name, age (which shall not be less than twenty-one years) and residence, and shall submit a certificate of having duly passed the examination required by section 12 hereof previous to the commencement of his course in Osteopathy, and his or her diploma or certificate of having completed the necessary course in Osteopathy prescribed by section 12 hereof; and upon passing the examination provided for by section 14 and upon payment of such fees as the Council may by general by-law establish, such person shall thereupon be entitled to be registered and, in virtue of such registration, to practise Osteopathy in this Province as taught and practised in the regularly conducted Colleges of Osteopathy, but may not prescribe medicine to be used either externally or internally (except anæsthetics, antiseptics and antidotes).

20.—(1) Where any registered Osteopathic practitioner has, either before or after the passing of this Act, and either before or after he is registered, been convicted in His Majesty's Dominions, or elsewhere, of an offence which, if committed in Canada, would be a felony or misdemeanour, or been guilty of any infamous or disgraceful conduct in a professional respect, such practitioner shall be liable to have his name erased from the register.

(2) The Council may, and upon the application of any four registered Osteopathic practitioners shall cause enquiry to be made into the case of any person alleged to be liable to have his name erased under this section, and on proof of such conviction or of such infamous or disgraceful conduct, shall cause the name of such person to be erased from the register.

(3) The Council may order to be paid out of any funds at their disposal such costs as to them may seem just to any person against whom any complaint has been made which, when finally determined, is found to have been frivolous and vexatious.

21.—(1) Where the Council directs the erasure from the register of the name of any person, or of any other entry, the name of that person or that entry shall not be again entered on the register except by the direction of the Council, or by the order of a Divisional Court of the High Court of Justice.

(2) If the Council think fit in any case, they may direct the registrar to restore to the register any name or entry erased therefrom, either

without fee or on payment of such fee, not exceeding the registration fee, as the Council may from time to time fix, and the registrar shall restore the same accordingly.

22. Every person registered under the provisions of this Act shall be entitled according to his qualification or qualifications to practise Osteopathy in the Province of Ontario, and to demand and recover in any court reasonable charges for professional aid, advice and visits.

23. No duly registered member of the Osteopathic College shall be liable to any action for negligence or malpractice, by reason of professional services requested or rendered, unless such action be commenced within one year from the date when, in the matter complained of, such professional services terminated.

24.—(1) The registrar of the Council shall from time to time, under the direction of the Council, cause to be printed and published a correct register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in Schedule C to this Act, or to the like effect, together with the titles, diplomas and qualifications, with the dates thereof, of all persons appearing on the register as existing on the day of publication; and such register shall be called "The Ontario Register of Osteopaths," and a copy of such register for the time being purporting to be printed and published as aforesaid shall be *prima facie* evidence in all courts, and before all justices of the peace and others, that the persons therein specified are registered according to the provisions of this Act, and, subject to the provisions of subsection 2 of this section, the absence of the name of any person from such copy shall be *prima facie* evidence that such person is not registered according to the provisions of this Act.

(2) In the case of any person whose name does not appear in such copy, a certified copy, under the hand of the registrar of the Council, of the entry of the name of such person on the register, shall be evidence that such person is registered under the provisions of this Act.

25. Every member of the College shall pay to the registrar or to any person deputed by the registrar to receive it, such annual fee, not being less than \$1 nor more than \$10, as may from time to time be determined by by-law of the Council, to be applied towards the general expenses of the College, which last mentioned fee shall be due on and from the 1st day of January in the year in which the same is imposed; and such fee shall be deemed to be a debt due by each member to the College, and shall be recoverable with costs of suit in the name of the Osteopathic College, in the Division Court where the member resides. The Council may by by-law prescribe means of collecting and enforcing the payment of the said annual fee.

26.—(1) Every registered Osteopathic practitioner shall obtain from the registrar annually, before the last day of December in each year, a certificate under the seal of the College that he is a duly registered Osteopathic practitioner.

(2) Upon payment of all fees and dues payable by such Osteopathic practitioner to the said College the registrar shall write his name on the margin of the certificate and the date thereof, and the certificate shall be deemed to be issued only from such date; Provided nevertheless that any fees properly charged during the time in which any practitioner's name was erased from the register under this Act shall be legally recoverable upon production of the certificate of registration at the time of suit.

(3) No certificate shall be issued to any practitioner who is indebted to the College for any sums payable to the College, nor until the annual fee for such certificate prescribed by the by-laws of the College under this Act is paid.

(4) If a practitioner omits to take out such annual certificate he shall not be entitled thereto until he pays to the College the certificate fee as aforesaid, together with any other fees or dues which he owes to the College.

(5) After twelve months' default in taking out such certificate, and if two months' notice of such default be given by registered letter addressed to the registered address of such defaulter, the registrar shall, if payment has not been made by the defaulter, erase the name of the Osteopathic practitioner so in default from the register.

(6) Such Osteopathic practitioner may, unless otherwise disqualified under this Act, at any time after his name is so erased by the registrar, obtain re-registration by applying to the registrar and paying all arrears of fees and dues owing to the College under this Act, and taking out his certificate as herein provided, and he shall be thereupon reinstated to the full privileges enjoyed by other registered Osteopathic practitioners under this Act.

27. Any person entitled to be registered under this Act, but who neglects or omits to be so registered, shall not be entitled to any of the rights and privileges conferred by registration under the provisions of this Act so long as such neglect or omission continues, and he shall be liable to all the penalties imposed by this Act, or by any other Act in force against unqualified or unregistered practitioners.

28. If the registrar makes or causes to be made any wilful falsification in any matter relating to the register, he shall incur a penalty of \$50, and shall be disqualified from again holding the office of registrar.

29. If any person procures or causes to be procured his registration under this Act by means of any false or fraudulent representation or

declaration, either verbal or in writing, it shall be lawful for the registrar, upon the receipt of sufficient evidence of the falsity or fraudulent character of the said representation or declaration, to represent the matter to the Council, and upon the written order of the president, attested by the seal of the College, to erase the name of such person from the register, and to make known the fact and cause of the erasure by notice to be published in the *Ontario Gazette*; and after such notice has appeared the person whose name has been erased as aforesaid shall cease to be a member of the Osteopathic College of Ontario, and shall cease to enjoy of the privileges conferred by registration under this Act and shall not be entitled to enjoy the same at any future time without the express sanction of the Council.

(2) If any person wilfully procures or attempts to procure himself to be registered under this Act, by making any false or fraudulent representation or declaration, either verbally or in writing, he shall on conviction thereof before any justice of the peace incur a penalty not exceeding \$100; and every person knowingly aiding and assisting him therein shall for such offence or conviction thereof incur a penalty of not less than \$20 nor more than \$50.

30. It shall not be lawful for any person not registered to practise Osteopathy for hire, gain or hope of reward; and if any person not registered pursuant of this Act, for hire, gain or hope of reward practises or professes to practise Osteopathy, or advertises to give advice in Osteopathy, he shall, upon a summary conviction thereof before any justice of the peace, for every such offence pay a penalty not exceeding \$100, nor less than \$25.

31. Any person who wilfully or falsely pretends to be an Osteopathic practitioner, or assumes any titles, additions or description other than he actually possesses and is legally entitled to, shall be liable on conviction thereof before a justice of the peace to a penalty not exceeding \$50 nor less than \$10.

32. Any person not registered pursuant to this Act who takes or uses any name, title, addition or description implying or calculated to lead people to infer that he is registered under this Act, or that he is recognized by law as an Osteopathic physician, shall be liable upon a summary conviction thereof before any justice of the peace to pay any penalty not exceeding \$100 nor less than \$25.

33. No person shall be entitled to recover any charge in any court for any Osteopathic advice or treatment unless he produces to the court a certificate that he is registered under this Act.

34. In any trial under this Act the burden of proof as to registration shall be upon the person charged.

35. Every prosecution under this Act shall be commenced within one year from the date of the alleged offence.

36.—(1) All penalties recovered under this Act shall be paid to the convicting justice, and by him paid to the registrar of the College, and shall form part of the funds thereof.

(2) Any person may be prosecutor or complainant under this Act, and the Council may allot such portion of the penalties recovered as may be expedient towards the payment of such prosecutor.

(3) All moneys forming part of the Council funds shall be paid to the treasurer, and may be applied to carry this Act into execution.

WEST TORONTO PHYSICIANS AND SURGEONS' ASKED IMPORTANT AMENDMENTS.

At a well attended meeting of the medical practitioners of West Toronto Territorial District, held on 2nd March, a number of important resolutions were unanimously passed. Dr. J. S. Hart, the representative of the district, occupied the chair.

There was a lengthy discussion on that phase of the Medical Act, section 6, that seems to permit certain universities or colleges to have representatives on the Medical Council though they do not establish nor maintain a medical faculty. The University of Ottawa, Trinity University, Trinity Medical School, The Royal College of Physicians and Surgeons of Kingston, and Victoria University have each a representative on the council though they either never had a medical faculty or have given up actual teaching of medical subjects.

It was held that the only universities that should have representation are the University of Toronto, Queen's University, and the Western University, as these are the only ones which maintain a medical faculty in connection therewith.

The resolution on this subject reads as follows :

"In the opinion of this meeting representing the medical practitioners of West Toronto, no university, college or body should be represented on the Medical Council unless such establishes and maintains a medical faculty satisfactory to the Medical Council, and further, that should any university, college or body fail to establish or cease to maintain such a medical faculty in connection therewith, it shall thereupon become disqualified and no longer be entitled to have a representative on the Medical Council; and further, that should any university, college or body so establish, maintain or restore such medical faculty in connection therewith as shall be satisfactory to the said Medical

Council, the same shall at once become entitled to a representative on the Medical Council."

The state of the finances of the Medical Council came in for its full share of criticism. It was a very unsatisfactory state of affairs to learn from the announcement of the council that the finances were steadily going behind. On this phase of the Medical Council's affairs the following resolution was unanimously adopted :

"That in the opinion of this meeting of the West Toronto Territorial Association the statement of the treasurer of the College of Physicians and Surgeons should give the fullest details as to the disbursements of the funds of the college, and should show how much is paid each year for travelling expenses and for per diem allowance to each and every member of the Medical Council."

With regard to the size of the Medical Council, the following was adopted after a full discussion of the matter. It was held that a Medical Council of seventeen territorial, five homoeopathic and eight from universities was altogether too large, and that it ought to be cut down by eliminating the Universities which do not teach medicine, and reducing the territorial and homeopathic representatives as indicated in this resolution.

"That in the opinion of this meeting that the membership of the Medical Council be reduced to the three representatives of the universities actually engaged in the teaching of medicine, together with nine territorial representatives and two homeopathic representatives."

What should be done in connection with the legislation now before the Legislature was taken up and the following carried :

"That Dr. Hart, the representative of West Toronto, appoint a committee to co-operate with him in watching the legislation before the House."

The stand which Dr. Hart has taken on all important questions before the Medical Council was endorsed in the following motion :

"That this meeting approves of the course of Dr. J. S. Hart as the representative of West Toronto, and instruct Dr. Hart to urge the views of this district upon the Medical Council, as contained in the resolutions adopted at this meeting."

There was not a dissenting voice to the important views that the Medical Council is now too large a body, that colleges which do not teach medicine should not send a delegate to the Council, and that the Council should manage its finances better and live within its income, and furnish the profession with full details of all disbursements.

Dr. Hart and his committee were heard before the committee of the Legislature regarding the changes that were being sought to the Medical Act.

THE CANADIAN ASSOCIATION FOR THE PREVENTION
OF TUBERCULOSIS.

Montreal, January 17th, 1910.

At the annual meeting of the Dominion Association for the Prevention of Tuberculosis held in Ottawa in 1902 there was passed the following resolution :—

“1. Recognizing the fact that with the exercise of reasonable care, pulmonary tuberculosis is non-contagious, and that consumption may be treated in a general hospital without in any way being a source of danger to other patients.

“2. That many are unable to be cared for outside a general hospital.

“3. That the functions of a general hospital is to care for all classes not affected with a dangerously contagious disease.

“Therefore, it is urged that all general hospitals receiving public aid, should make provision for a due proportion of tuberculosis cases.”

Since then it would appear from an investigation that there has been but little improvement in the situation. An enquiry made last year showed that of 45 General Hospitals receiving Government aid only 11 received consumptive patients without demur; another 6 hospitals received them only under pressure of urgent necessity; the remaining 28 decline to take them into their wards.

We are fully aware of the unwillingness in the past of many general hospitals to receive cases of chronic disease into their wards, of the long duration of many cases of advanced and hopeless pulmonary tuberculosis; of the cost of maintenance of the same; of the objections that may be made that tuberculosis is an infectious disease. But, on the other hand we would urge :—

I. That properly cared for in hospitals your advanced consumptive is of less danger than the typhoid patient, who is freely admitted to all general hospitals: whereas left at large without due supervision of his surroundings, he is the main source of the widespread extension of tuberculosis throughout the Dominion.

II. By refusing such patients the general hospitals of our country increase the tendency to regard the consumptive as an outcast. That tendency is already too painfully manifest; it leads to the concealment of the existence of the disease; to the spread of the same; to the deterioration of our people, not to mention the bitter agony of the patient.

III. That is a mistaken policy to multiply special hospitals. To establish a separate hospital for this class of case means duplication and duplication expense.

IV. That owing to the awakening of the public interest in the crusade against tuberculosis in Canada, as throughout the civilized world, there is no branch of hospital extension that meets with greater support from the private benefaction than this of provision for the tuberculous. In other words, if your hospital is not wholly dependent upon public funds, an appeal to the charitable for aid for the establishment and maintenance of an annex or of wards for advanced cases of open tuberculosis is assured of satisfactory response.

V. That Government assistance implies the duty on the part of those in receipt of the same, of fulfilment of public needs. There is at present no greater need in the Dominion than the isolation of advanced cases of pulmonary tuberculosis. Our provincial governments are now ready to contribute materially to the cost of maintenance of these cases. The assumption of this cause will afford the strongest possible claim on your part for increased support from the public funds.

We do not here refer to the great number of early and curable cases; these may be treated in the out-patient department, and by local associations for home or sanatorium treatment. It is the advanced disease to which we direct your attention.

REV. DR. MOORE,
Secretary.

J. GEO. ADAMI, M.D.,
President.

SAUNDERS' ILLUSTRATED CATALOGUE.

W. B. Saunders Company, the medical publishers of Philadelphia and London, have just issued a new edition, the thirteenth, of their handsome illustrated catalogue. It contains some twenty new books and editions, and besides numerous black and white illustrations, there are two color cuts of special value. We strongly advise every physician to obtain a copy, sent for asking. It will prove a ready guide to good medical books—that we all need in our daily work.

IMPORTANT NOTICE.

Those of our readers who are interested in the various forms of Physiologic Therapeutics (including Hydrotherapy, Electrotherapy, Massage, Hyperemia, etc.) will be glad to know that it is proposed to shortly inaugurate a new journal devoted solely to the delineation of the progress made in these lines of therapeutic endeavor.

The American Journal of Physiologic Therapeutics will be published bimonthly and the subscription price will be \$1.00 a year. The names and address of all interested physicians should be sent in, and those desirous of subscribing at once may enclose their remittance when writing. It is to be hoped that a widespread interest may be aroused in this matter. Write now, while this is fresh in your mind, to *The American Journal of Physiologic Therapeutics*, 72 Madison Street, Chicago.

UNIVERSITY OF TORONTO.

Annual Examination: 1860.

FOURTH YEAR.

Physiology.

Examiner: Robert Checkley, M.D., M.R.C.S.E.

1. Explain the general plan of the circulation, and state the causes which assist the heart in its production.
2. What conditions favour, prevent, or delay, the coagulation of the blood?
3. Describe the structure and functions of the liver. What change does the blood undergo in its passage through it?
4. State the composition of urine, and the cause of its acid reaction.
5. State M. Claude Bernard's experiments on the influence of the nervous system on the kidney.
6. Explain the cause of animal heat. How is it affected by disease?
7. How is the proportion of solid constituents in the urine affected by age and sex, by diet, and by diuretics.
8. State what you know of the structure and function of the pancreas.

UNIVERSITY OF TORONTO.

Annual Examination: 1860.

DEGREE OF M.B.

Anatomy.

Examiner: A. Ruttan, M.D.

1. Name the foramina in the cerebral surface of the base of the skull, and what passes through them.
2. What arteries enter into the formation of the circle of Willis?

3. What parts are contained in the walls of the cavernous sinuses?
4. Give the origin, course and distribution of the hypo-glossal nerve and its branches.
5. Name the cranial ganglia of the sympathetic, and give their relations.
6. Give the origin, course and distribution of the Vidian nerve.
7. Give the relations of the constrictor muscles of the pharynx, the boundaries of the maxillo-pharyngeal space, and name the parts situated within it.
8. Give the course, relations and distribution of the internal maxillary artery.
9. Where is the receptaculum chyli situated, and what are the relations of the thoracic duct?
10. Describe the perineal fasciæ.
11. Give the relations of the aorta.
12. Point out the difference in the relations of the two subclavian and the two common carotid arteries.

UNIVERSITY OF TORONTO.

Annual Examination : 1860.

CANDIDATES FOR M.B.

Medical Jurisprudence.

Examiner : W. B. Nicol, M.D.

1. Enumerate the diseases and habits which tend to shorten life and render the assurance of a life hazardous.
2. What are the signs, if any, after the lapse of more than a year, which might lead you to form an opinion that child-birth had taken place; and what signs would you consider as rendering such an event improbable; and what impossible?
3. Describe the symptoms and treatment of poisoning with oxalic acid.
4. Give a brief account of the different food poisons, their sources, symptoms and treatment.
5. Describe the conditions and diseases of the genital organs of female children which resemble the appearances produced by rape.
6. Mention the different forms of insanity; give their diagnosis, and state your method of proceeding to ascertain unsoundness of mind.

UNIVERSITY OF TORONTO.

Annual Examination : 1860.

DEGREE OF M.B.

Chemistry.

Examiner : Henry Croft, D.C.L.

1. Give the laws of chemical combination.
2. What is meant by affinity, and by what causes is its action frequently modified?
3. Explain the meaning of the terms, elements, halogens, haloid and ony salts, acids and bases.
4. Mention the properties of oxygen, chlorine, sulphur and carbon.
5. Give the preparation and properties of nitric and hydro-chloric acids.
6. Describe the mode of preparation, properties, and natural sources of carbonic acid, and mention its peculiar use in the economy of nature.
7. Describe the preparation and properties of the following substances :—iodate of potassa, hypochlorite of soda, calomel, corrosive sublimate, arsenate of soda, pure carbonate of lime, and hydrated sesquioxide of iron.
8. Describe the method of making oxide of antimony, and tartar emetic.
9. Describe the manufacture of prussic acid, and its properties.
10. How is hippuric acid obtained, and how is it decomposed under the influence of hyarochloric acid?
11. Give the sources and properties of uric acid.
12. State the chemical nature of the bile, and of biliary calculi.

UNIVERSITY OF TORONTO.

Annual Examination : 1860.

DEGREE OF M.B.

Practical Chemistry.

Examiner : H. Croft, D.C.L.

1. Give the liquid tests for arsenic.
2. Describe Marsh's test, and mention the substances which must be excluded.
3. Explain, by formulæ, the production of arseniuretted hydrogen from arsenious and arsenic acids.

4. How is organic matter best removed, when searching for arsenic?
5. In what part of the process may antimony be detected, if present?
6. How may arsenic be removed from sulphuric acid?
7. Describe the different modes of preparing iodide of potassium, the impurities it may contain, and the methods of detecting them.
8. Describe the general method of extracting alkaloids from organic mixtures.
9. Give the tests for opium and morphine.
10. How may the uric acid, urate of ammonia, ammoniaco-magnesian phosphate, and mulberry calculi be recognized?

UNIVERSITY OF TORONTO.

Annual Examination: 1860.

DEGREE OF M.B.

Surgery.

Examiner: A. Ruttan, M.D.

1. What are the principal sediments occurring in the urine and tending to the formation of calculi?
2. Give the composition and physical characters of the principal varieties of vesical calculi, and explain the mode in which they are sometimes deposited in cysts.
3. What is the character of the cases most favourable to the operation of lithotripsy and lithotomy?
4. What are the risks and casualties in the operation of lithotomy?
5. Give the diagnosis of hernia, and name the varieties according to condition and contents.
6. What means may be resorted to for the relief of strangulated hernia?
7. Name the analogous and heterologous tumors of bone.
8. How would you diagnose between an osteosarcoma and an osteocephaloma?
9. How may deligation of the outer third of the subclavian artery be accomplished?
10. How would you treat wounds of the intestines?
11. Give the history, symptoms and treatment of duramatral abscess.
12. Give the causes, pathology, symptoms, and treatment of acute tetanus.

UNIVERSITY OF TORONTO.

Annual Examination : 1860.

FINAL EXAMINATION FOR DEGREE OF M.B.

Practice of Medicine.

Examiner : Edward M. Hodder, M.D., F.R.C.S., ENG.

1. Describe the advent and decline of Smallpox, its different stages, and the treatment applicable at each period.
2. Describe the symptoms, pathology, and treatment of Diphtheria.
3. Does *Quinine* act specifically in the cure of Ague; and does it prevent the disease attacking the healthy man in malarious districts? Give the dose and mode of administration to effect these objects.
4. Give the symptoms, pathology, and treatment of Epilepsy?
5. In what class of persons do we most commonly find Ascites resulting from Chronic Peritonitis? Name the symptoms which accompany this disease, and give the treatment.
6. What are the most common sequelæ of Scarlatina; and upon what condition of the system do they depend?

UNIVERSITY OF TORONTO.

Annual Examination : 1860.

DEGREE OF M.B.

Obstetrics.

Examiner : W. B. Nicol, M.D.

1. Describe the causes, symptoms and treatment of dysmenorrhœa.
2. Describe the causes, symptoms and treatment of retroversio uteri.
3. Give the symptoms, diagnosis and treatment of placenta prævia.
4. Give the symptoms and treatment of placental apoplexy.
5. Give the indications for the use, and the method of application of the forceps.
6. Describe the symptoms, diagnosis, prognosis, pathology and treatment of phlegmasia dolens.

THE COAL TAR PRODUCTS AGAIN.

In a recent pamphlet, entitled "Antipyrine, Acetanilid and Phenacetin, Are They Harmful or Habit-Forming?" the author, Dr. Uriel S. Boone,

an established physician of good standing in St. Louis, has furnished a valuable contribution to the long-drawn-out discussion of this important subject.

There are several points about this investigation of Dr. Boone's which distinguish it from almost every preceding canvass of the subject, all of which might be summed up in the statement that it bears every appearance of being a genuine search for the unvarnished truth, that it is conducted in a proper spirit of fair and open investigation, directed in the most reliable quarters, and that its results are presented in a fashion which makes his report peculiarly satisfying and convincing.

Dr. Boone has, as we think, rightly opined that "the hospitals and sanitariums of the United States would contain unbiased, unprejudiced evidence, unaffected by any thought of the result upon the drugs themselves;" and he has "selected them as the field of his investigation because they keep records of their cases which few physicians in private practice do, and because, if these drugs were habit-forming, many of their habitues would, naturally, go to hospitals and sanatoria for treatment, and these institutions would have complete records of their cases."

He has, therefore, addressed his enquiries—which, by the way, are not in the slightest degree leading—(indeed, they do not even indicate any preconceived opinion on his part)—to the sources which, above all others, the average man would think were best able to furnish trustworthy data on the subject, but which the officials of the Agricultural Department, in the conduct of a recent similar investigation, refused even to consider, it being thought, by them, for some inscrutable reason, to use their own words, "that information from these sources would not be of a strictly representative character." And Dr. Boone brings his witnesses into court and makes them testify in their own verbatim language and over their own corporate and individual names.

A summarization of the statistics and data contained in Dr. Boone's pamphlet shows that he received and publishes reports from 1,027 hospitals and sanatoria. Of these, 996 report that in all of their experience with the coal tar products there have been no instances of any untoward results, and that not a single case of habit formation from them has come under their observation. Injurious effects are reported by six hospitals only, all of which were due to overdose or other improper use of the remedies; seven institutions report cases, but state that they have no records, and therefore give no details; and one reports a case of insanity. The remaining seventeen out of the residuary thirty-one report cases of irregular pulse, weak heart action, cyanosis, etc., under the administration of the drugs, none of which, however, were regarded as of enough importance to be noted in the report as serious, all of which were due to misuse of the drug, and all recovered. Not a single case of fatality is reported in the entire period covered by any one of the hospitals or sanatoria.

The scientific value of such an investigation and the trustworthiness of its evidence have only to be suggested in order to be immediately appreciated by any fair and unbiased mind. Here is an array of witnesses with no concealment of names or places, with no possible interest to subserve one way or the other, and hence with no thought of making a case for or against the products, each giving testimony from records that have been made with the careful accuracy which prevails in such institutions, all of which can be readily verified by any physician who cares to inspect those records, all set forth plainly and categorically, with no special pleading and with no conclusions or deductions, except those which the testimony itself forces upon the reader.

One can not fail to be impressed with the contrast offered by this investigation of Dr. Boone's to the methods employed and the showing made by the Bureau of Chemistry, under the direction of Dr. Wiley, in its recent investigation of the same subject (referred to above), the results of which were published in its Bulletin No. 126, and whose specious and misleading conclusions Dr. Boone's inquiries were evidently designed to offset. A series of the leading questions framed, as were those of Dr. Wiley, to elicit precisely the answers desired, and addressed to only 925 physicians, whose names are carefully withheld from the report and who, for all we know, may have been specially selected and prejudiced men, can hardly be regarded as the likeliest methods of obtaining impartial and trustworthy information upon this or any other subject.

The entire mass of evidence that filled this bureaucratic report was puerile, illogical and inconsistent; its testimony was incompetent; its facts were distorted, and its pleadings were so specious and prejudiced that they left no doubt in the mind of impartial readers of the predetermined purpose of the inquiry to condemn the products under the pretended investigation.

So strong was this prejudice, especially against acetanilid, that the most simply explicable data were twisted and distorted to serve its purpose, as for example, the explaining of the more extensive use of phenacetin, on the ground that it was the least harmful of the coal tar agents, when everyone with a grain of intelligence understands that, whatever excellence phenacetin may possess over acetanilid, its predominance in medical practice must be largely due to the fact that up to a very short time ago it was a proprietary, and hence was extensively and persistently advertised. In another place the bureau pointed out that the largest proportion of disasters occurred during the first eighteen months after the introduction of acetanilid, that in the next thirteen years the number of such disasters fell off, and that since 1904 there had been a notable increase in fatalities; and this it explains by the consideration that at first the dangers of the drug were not fully appreciated; that later, as it be-

came better understood, it was used more carefully, and that of late years its use by the laity had given rise to increased fatalities. The true explanation, of course, is to be found in the fact that when acetanilid was a new remedy it was widely discussed and precisely reported on; and that as soon as the novelty wore off and its nature and action became thoroughly known, it naturally ceased to be the subject of frequent and detailed report and possibly was not used to quite the same extent as formerly.

And so the matter would have rested but for its agitation by the *Journal of the American Medical Association* and its lay allies—*Collier's Weekly* and the *Ladies' Home Journal*—during which the country was scoured for evidence, genuine or spurious, to bolster up their indictment against American medical specialties, and which represent precisely the five years or so in which the bureau pretended to find an increase in the number of fatalities.

All of which is so transparent, and its instigation by the special interests of the medical ring so plain, that the only danger of the report lay in the color of authority given to it by the prestige of the United States Bureau. And all of which also is in marked contrast with the fair methods, the unbiased data and the straightforward presentation which characterizes Dr. Boone's report.

The result of this orderly and competent investigation of Dr. Boone's is, as we have seen, precisely the reverse of the anomalous and incompetent inquiry conducted by the Department of Agriculture. Its net showing is, as any sane man would expect it to be, that the disasters and fatalities from acetanilid and the other preparations named have been no more and no less than those from other equally potent drugs; that, as a matter of fact, their untoward effects, as in the case of other powerful drugs, have been comparatively few; and that the beneficent effects of the coal tar products, including acetanilid, have been far in excess of their harmfulness.

It is immaterial to our criticism whether the subject under inquiry be acetanilid or any other product. What the medical and pharmaceutical professions are interested in is that investigations of drugs, by whomsoever undertaken, shall be fair and honest, which that of the Department of Agriculture can not be said to be, and which that of Dr. Boone's most assuredly is.

But without regard to the fairness and honesty of Dr. Wiley's investigation, we are unable to find any warrant in law for his proceedings in this matter. We do not understand by what or whose authority he has presumed to take it upon himself to advise the medical profession and the public in general as to what drugs they should or should not use. Nor are we aware of any statute which, however liberally construed, can be fairly said to give to the Agricultural Department the right to print and

distribute at the public expense thousands and thousands of pamphlets in a propaganda against the coal tar products, *or for or against any other kind or class of drugs.*

But admitting the authority, we can conceive of no good reason why acetanilid, antipyrine and phenacetin should be singled out for special investigation and condemnation, as against many other drugs which are capable, if wrongly used, of producing at least equally harmful results. And in the absence of any such reason, and in view of the fact that Dr. Wiley is an enthusiastic member of the American Medical Association, is on one of its most important committees, and is outspokenly sympathetic in the fight which that association has waged against American medical specialties, we can not help feeling that he has allowed himself, innocently or otherwise, to be used as a tool to further the destructive schemes of the crafty medical clique at Chicago.

We believe that the investigation and report of Dr. Boone represents the real status of acetanilid and the other coal tar preparations. Indeed, we were satisfied that this was their status before any investigation was made at all; but we are sure that the manner and substance of the testimony presented by Dr. Boone is of such a character as to convince the fair and unprejudiced mind of the trustworthiness of its burden. Such an impartial and definite expression from the hospitals and sanitarium of the country ought to settle once and for all the vexed question of the danger and harmfulness of the coal tar products.—*National Druggist.*

MEDICAL PREPARATIONS, ETC.

TWO INTERESTING CASES.

Dr. George Selkirk Jones, Ph.D., L.S.A., in an original article, first printed in *Medical Reprints*, London, says: "I am desirous of placing upon record the two following clinical cases, which have come within the sphere of my professional occupation. The first was that of a lady, the subject of a periodically recurring hemicrania of a decidedly neurotic type, upon whom the usual remedies had (*ad nauseam*) been tried, with occasional benefit alternated with disappointment. This led me to preserve with Antikamnia tablets, one every two hours for eight doses. The case having secured for me a meed of confidence, I have labelled it, mentally, as my first success with this preparation.

The second one is that of a man aged forty-five, the subject of asthma of a pulmonary type and associated with gastric troubles, for

I was in the habit of prescribing alkalies. In this case I am now observing the gradually increasing evidences of the benefit of Antikamnia and Codeine tablets, which up to the time of writing, have not failed or fluctuated in their analgesic and stimulating action upon my patient's asthmatic condition.

SANMETTO IN CHRONIC URINARY CASES.

Dr. Vance May, of Cornettsville, Ind., in treating a case of saccharine diabetes of long standing, in which he found a good deal of albumen present, as a result of an old gonorrhoeal inflammation, says the use of a few bottles of sanmetto so cleared up urine that he could find no strings of mucus, nor the least trace of albumen by heat or nitric acid test. It also afforded a world of relief to his patient, who had been suffering for years with his bladder.

CONSTRUCTIVE, NOT DESTRUCTIVE, THERAPEUTICS.

There is a conviction among physicians of to-day that the prolonged administration of such drugs as the bromids, hyoscyamus and valerian in cases of nervous disturbances attending the termination of the menstrual function is highly detrimental to the future welfare of the patient. The opinion is now general that such treatment is destructive, rather than constructive in nature.

It is now held that inasmuch as the mental states, such as hysteria and melancholia, which are frequently manifested at this period of life, have for their exciting cause alterations of the sexual system, it is proper that their relief be accomplished by the employment of agents that exert an influence directly on these parts.

It is conceded that the sedatives mentioned do afford a certain measure of palliation, but experience seems to have proved that they are ultimately injurious rather than beneficial in action.

The use of utero-ovarian stimulants, particularly those which are primarily antispasmodic in action, has been so uniformly more satisfactory than general sedatives that the employment of the former is now urged by our most eminent practitioners.

If, at the approach of the menopause, such an agent as Ergoapiol (Smith) is administered with due regularity, irritability of the sexual system and disturbance of the nervous system will be prevented.

Under such treatment, normal atrophy of the reproductive organs takes place without the development of the neurotic disturbances commonly associated with this physiologic change of life.

On account of its antispasmodic and tonic action on the female reproductive organs, Ergoapiol (Smith), is particularly serviceable in instances where the menopause is being approached by women of nervous temperaments.

Under the influence of this preparation, the so-called "change of life," is relieved of its characteristic discomforts. The mental as well as the physical state of the individual is benefited by the administration of Ergoapiol (Smith) in doses of one capsule three times each day.

BENGER'S FOOD.

This is one of the best known foods on the market. It has stood the tests of time and many trials in difficult cases. It is prepared from the very best of material and made in a thoroughly scientific manner. The food is a farinaceous one and is prepared after the plans originally laid down by the late Sir William Roberts, the eminent authority on digestions and diets, and F. B. Bengel, the chemist. This food may be safely given a trial in all difficult cases.

"TONICS."

A tonic as it exists in the popular mind is a fallacy.

Sunshine, air, pure water, good food and a cheerful disposition are the genuine tonics. A combination of poison drugs or alcoholic mixtures are not tonics. Certain effects are produced that will eventually lessen the fine tone of the body if these things are poured into the system for any length of time.

Scott's Emulsion of Cod Liver Oil is a true tonic because it is a pure food and nourishes all the tissues of the body. Physicians and nurses all over the world have observed the wonderful results produced by Scott's Emulsion in all cases where a "tonic" is required and prescribed.

ADRENALIN IN A NEW PACKAGE.

In addition to the one ounce vials which it has hitherto been supplied, Adrenalin Chloride Solution is now being marketed in hermetically

sealed glass containers of 1 cubic centimeter capacity. "Adrenalin Ampoule" is the name used to designate the new package, and the solution is of the strength of 1 to 10,000 (one part Adrenalin Chloride to 10,000 parts physiologic salt solution). In their announcement of the Ampoule, Parke, Davis & Co. have this to say:

"Adrenalin Chloride Solution has become a necessity in medical and surgical practice. The most powerful of astringents and hemostatics, it lends itself to many practical uses, and at little risk of injury in reasonably careful hands. Since the time of its introduction it has been marketed in ounce vials, and of the strength of 1:1000. Experience has shown, however, that a weaker solution is much more frequently required than the 'full strength'; and while it is generally an easy matter to dilute with water or normal saline solution, in certain emergencies an already fully diluted preparation is to be preferred. While the danger of deterioration from occasionally opening a vial containing a solution of Adrenalin Chloride is not great, still, in consideration of the fact that a dose is needed now and then for hypodermatic injection, it is believed that the small hermetically sealed package will be welcomed because of its greater convenience and security."

As will be apparent from the foregoing, the Adrenalin Ampoule is intended for hypodermatic use. It should be of great value in such emergencies as shock, collapse, hemorrhage, asthma, etc., or where prompt heart-stimulation is desired.

THE CURETTE.

With many physicians the first thought in uterine bleeding is the curette. The hemorrhage is frequently due to lack of tonicity of the blood vessels and muscular tissues of the uterine walls and to curette in these cases is unnecessary and frequently dangerous. The value of viburnum as presented by Hayden's Viburnum Compound in these cases has been conclusively proven by years of clinical experience. It imparts tone to the relaxed uterine blood vessels and walls and in many cases makes curettment with its attending dangers of infection and perforation unnecessary.

MEDICAL GYNÆCOLOGY.

The rapid rush for the knife and its indiscriminate use in many gynæcological cases where local or internal treatment should have been first considered, is causing the pendulum to swing in the direction of

conservative gynæcology. Uterine bleeding due to relaxation of the blood vessels and the uterine muscular walls can be relieved by promoting tone to these parts through the administration of Hayden's Viburnum Compound, making curettment, with its attending dangers unnecessary. The same treatment is appropriate and can be used to an advantage in congestion of the uterus with relaxation of the round ligament and other supportive structure. "H. V. C." normalizes pelvic circulation and imparts tone to the uterus and its adnexa.

REMARKS ON GLYCO-THYMOLINE.

By W. R. D. BLACKWOOD, M.D., Philadelphia, Pa.

For many years past this preparation has been one of my mainstays in diseases of the mucous membranes, and it has held its place despite the trials of many other agents warranted to supplant it by the advocates who decried Glyco-Thymoline when I spoke of its virtues. Space is now getting too valuable to waste with long detailed descriptions of separate cases, and anyhow I never did write in that manner—I think general remarks about agents is the better way, and we need this more than stories of symptoms and temperatures, with daily alterations. No class of maladies is more troublesome than disorders of the mucous membranes, and none more difficult to eradicate thoroughly, and we have been put to our wit's end many times for remedial agents in such cases. The local treatment of catarrhs is frequently disappointing, and none more so than the prevalent one—post-nasal catarrh. Unless we can get an alterative condition established, little good is done, and nothing has been of greater service to me than Glyco-Thymoline, locally and internally. Several hundreds of long-standing and severe cases of this intractable and common affliction I have come to regard this preparation as a standard and almost routine remedy. I seldom care for a post-nasal trouble without prescribing it at the onset, and if I don't it is not long before it comes into use. It is just like alkaline enough, just so as to the dialysis (the action locally with exactly the right amount of fluid excretion through the diseased membrane), just enough astringent without drying the parts, and just the right thing in the direct line of reparative work; it sets up tissue building soon after the membrane gets somewhere near its right shape. Many things are employed in catarrh, but I firmly believe that if I was confined to one agent only, that would be the Glyco-Thymoline. For years I used the so-called antiseptic tablets of boric acid and glycerin,

etc., and with good results, and for a long time past this is thrown aside and the Glyco-Thymoline takes its place. I use it in about half strength with a K. & O. Nasal douche and from twice to four times daily. With this, in bad cases I give it internally, adding to it or giving separately, mercuric, bichloride, and if done separately the menstruum is compound syrup of stillingia. In presumed syphilitic persons I always do this.

In gastritis, chronic enteritis, vaginitis, gonorrhoea, and recurring attacks of what in many instances is always deemed appendicitis, I use this agent freely, and always with good results. As a local application to foul ulcers and especially to hemorrhoids, I think this preparation is very good. In the nasty leg ulcers, which now and then defy all remedies, Glyco-Thymoline does wonders—it can't do harm any time, and I am almost persuaded to give it in all instances. In bronchitis and asthma it is fine, in spasmodic croup it fills the bill nicely; it does well in venereal disorders locally and in balanitis it stops the trouble at once.—*Medical Summary*, December, 1903.

EXPLANATORY.

Early in the history of the Denver Chemical Manufacturing Company, our sole product, Antiphlogistine, was nicknamed Denver Mud and for many years had been known and sold under that name.

The merit of our product, years of indefatigable labor, and the expenditure of vast sums of money have created a world-wide business, which has led many individuals and firms to manufacture imitations of Antiphlogistine, and within recent years a few firms have been manufacturing and selling a plastic dressing under the name of Denver Mud, frequently misleading purchasers, who, in calling for our product under its nickname, have not received the original preparation.

In view of this we brought suit against the Colorado Chemical Co., of Chanute, Kansas, which has recently been decided. A great amount of testimony was taken in St. Louis, Kansas City, New York and other parts of the country defendant's counsel attending and cross-examining complainants' witnesses. After contesting the case to its conclusion no reason was presented by defendant on final hearing, why a decree should not be entered in this company's favor, and, on the testimony, a decree was granted accordingly. By this decree you will see that we have granted all that was claimed in our bill.—The Denver Chemical Mfg. Co., New York.